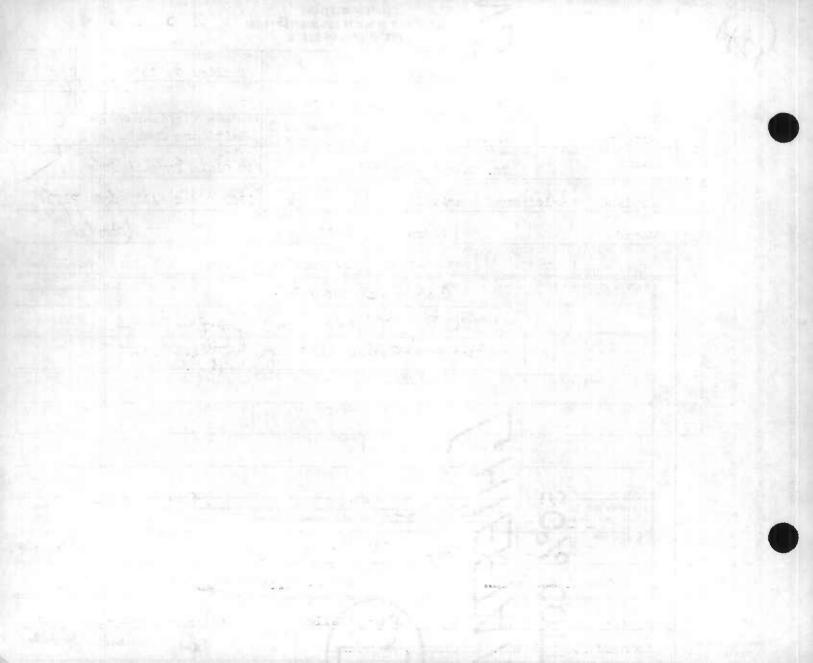
BA	1-	FOR STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	PHYGIENE	2 (5 2 3	1 4	
22		CEASED NAME ORPRINT)	FIRST		MIDDLE		AST			MONTH DAY	YEAR 2b	b. HOUR
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ofter of	3. SEX		400	I. RACE		S. DATE C	DAY YEAR		(IN YEARS LAST BIRT	MONTH		FUNDER 24 HRS
urs Urs		ale		White			20,1909		MORE CITY OF	YRS.	NE ATU	
n 72 hort		RTHPLACE (STATE OR F. OUNTRY) Maryland	OREIGN	U.S.	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	Pa	ltimore		EAIN	MD
by the fune filed within	10. CI	TY OR TOWN OF DEADWSON	тн	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12a USU		ON 12 WORKING (IFE) IN NVESTI GA	NDUSTRY	BUSINESS OR
should be f	13a. S	AL RESIDENCE (IF NURSI TATE aryland	13b COUN		GIVE RESIDENCE BEFORE 136. CITY OR TOWN Parkvill	'N	13d. INSIDE CITY LIMIT	TS? 13e STRI 230	T Cider	Mill Ro	oad 2.	1234
ampletely 1 and 2 sh examine		THER'S NAME FIRST DWARD	٨	AIDDLE	Akers	5	15. MOTHER'S MAIDEN MO11y	N NAME	WIDDLE	Sc	ommers	
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physician of an papers. Post of the minimum of the		Yes 18 CAUSE OF DEATH PART I. DEATH W	WW.				MIS LUCII.	TE M AV	EIS	Danie		TE INTERVAL SET AND DEATH
been signed by the attendin mit. Then please remove carb prior to burial, cremation, ari	CERTIFICATION	gave rise to imm cause (a), statin underlying cause PART 2 OTHER SIGN	g the last.			Tool.	NOT RELATED TO THE		EASE OR COND	20b. IF YES, WEI	RE FINDING:	S USED
No see S	TIFIC		X					YES (IN CERTIFYING		F DEATH?
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er this ce and Meri and Meriked or the	MEDICAL	21d INJURY OCCURE	ED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, I		211 LOCATION STREET		CITY OR TOV	VN C	COUNTY	STATE
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y the hos RAL DIREC detached hate Dept. VI. If Hem		22b. SIGNATURE	when	- Al.	attan	N	DEGREE ATTENDIN PHYSICIA	NG MEDIC	CAL STAF	F	22c DATE SIC	S 84
TO FUNERAL Should be det with the State		22d. PHYSICIAN'S NA Ruben S	1		MD		220 ADDRESS 2314 E. JO	ppa Roa	d Balti	more, Ma	arylan	nd
	23a. E	URIAL, CREMATION,	REMOVAL	23b. DATE		1	EMETERY OR CREMATO		OCATION CITY OF TOWN	cou		STATE
BP		Burial		10/11	./84	Dulan	ey Valley	E	Baltimor	e, Mary	land.	
H - 16 50M 4/B2 (VRA 1S, 4)	24. FU	JNERAL DIRECTOR Leonard J.	Ruck	Inc. H	Baltimore	, Mar		oct 9	BY REGISTRAR 1984	Julia Deur	dson-76	indell



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	STATE REGISTRAR				CERTIF	ICATE OF	HTAS	REG	NO.				
		EASED NAME	FIRST		AIDDLE		AST		20. DATE OF DEATH		DAY	YEAR	26. HOUR	
			FRANCES		L.	A	LLEN			10	06	84	6:20A	Μ
	3. SEX			4. RACE		5. DATE C			6 AGE (IN YEARS LAS	BIRTHDAY)		PERTYEAR	IF UNDER 24 HRS	_
]	FEMA LE		WHIT	E	07	05	03	8				HOURS MIN	
		OUNTRY)	ATE OR FOREIGN		WHAT COUNTRY?	8. MARRIE	D NEVER	MARRIED -	9 BALTIMORE CIT	OR COUN	ITY OF D	EATH		
	1	MARYLANI	D	U.S.	Α.	WIDOWE	DX D	VORCED [BALTIM	ORE CO	UNTY			D.
1		TY OR TOWN O		11. NAME OF H (IF NOT IN SUC	OSPITAL, NURSIN H FACILITY, GIVE STREET	ADDRESS)			12a USUAL OCCUP	ST OF WORK IN			F BUSINESS O	R
	H	LETHOR	PE	1808	MAYFIELI) AVEN	WE, 21	227	HOMEMA	KER				
6	13a. S		136 COUN		GIVE RESIDENCE BEFORE 136 CITY OR TOW HALETHO	N	13d. INSIDE O	ITY LIMITS?	13e STREET ADDRES			TIE	21227	
1		THER'S NAME	DALLI	LHOKE	DALEID	NIL		S MAIDEN NA		LILLU	AVEN	1011	21221	_
2	19. FA	UNKNOW		MIDDLE	CLEMENTS	S		FIRST ATTIE	MIDDL			UNK	NOWN	
			EVER IN U.S. AR		166 SOCIAL SECU	RITY NO.	17 INFORM	ANT	AD	DRESS		2	1227	_
	- {Y	es, no or unknov	VN) (IF YES, GIV	E WAR OR DATES	218-42-1	1901	RONA	LD L. C	CLEMENTS,	SR. 18	308 M			E,
		18 CAUSE OF PART I DEA	ATH WAS CAUSE	nly one couse per D BY. TE CAUSE (a)	line for (g), (b), on	dien O Car	dial	Tit	woton			APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH	
			IMMEDIA		R AS A CONSEQUE									
		Conditions, if	ony, which	(b)										
		gave rise to couse (a), underlying	stating the	DUE TO, OI	R AS A CONSEOU	ENCE OF								
				(c)										_
	N O	PART 2 OTHER	R SIGNIFICANT (CONDITIONS <u>CC</u>	ONTRIBUTING TO	<u>DEATH</u> BUT	NOT RELATED	D TO THE TERM	MINAL DISEASE OR C	NOITION	GIVEN IN	PART 110		
1	CERTIFICATION	190 DATE OF O	PERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY?	IN CER	RTIFYING		OF DEATH?	_
1	RT	21a ACCIDENT W	AS UNIDERLYING F	7 216 TIME O	E INTUIDY		121/ HOW IN	LILIDY OCCUP	YES NO		YES [0.010131	NO 🗌	
1	Ü	TIO VCCIDENT M	WO PUNDERFLING	T SIB LIWE O	I HUUKI		TATE HO WY	MOKT OCCUR	NEW LENTER NATURE OF	NIONA IN ILEM	IS PART TO	RYARI Z		

OR CONTRIBUTING CAUSE OF DEATH

P.M The PLACE OF INJURY

(AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

211 LOCATION

CITY OR TOWN

STATE

that (I) (we) lost and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

COUNTY

22d. PHYSICIAN'S NAME (TYPE OR PRINT) PATRICK W. WHITE, M.D.

22a I certify that (I) (this haspital) attended the deceased from

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

sow the deceased alive an above, (1) (we) (did) (did not

ST. JOHN'S

DEGREE

299 FREDERICK ROAD

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION ELLICOTT

BURIAL 24 FUNERAL DIRECTOR

(SPECIFY)

230 BURIAL, CREMATION, REMOVAL

MEDICAL

21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

10-09-84

236. DATE

250. DATE REC'D

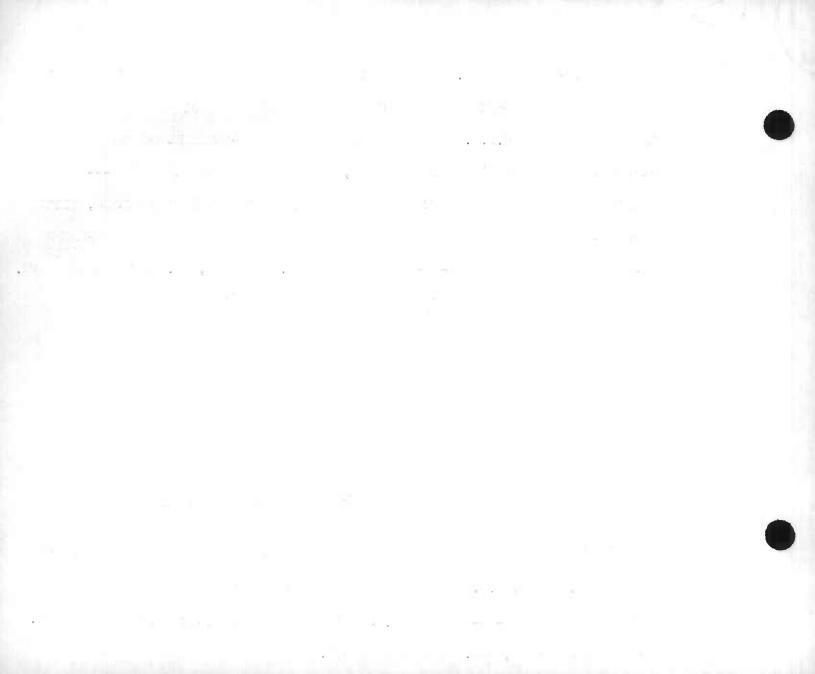
HOWARD MD. REGISTRARIZSI, REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

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MPORTANT: If Hem 21 is

PHYSICIAN DIRECTOR | PHYSICIAN



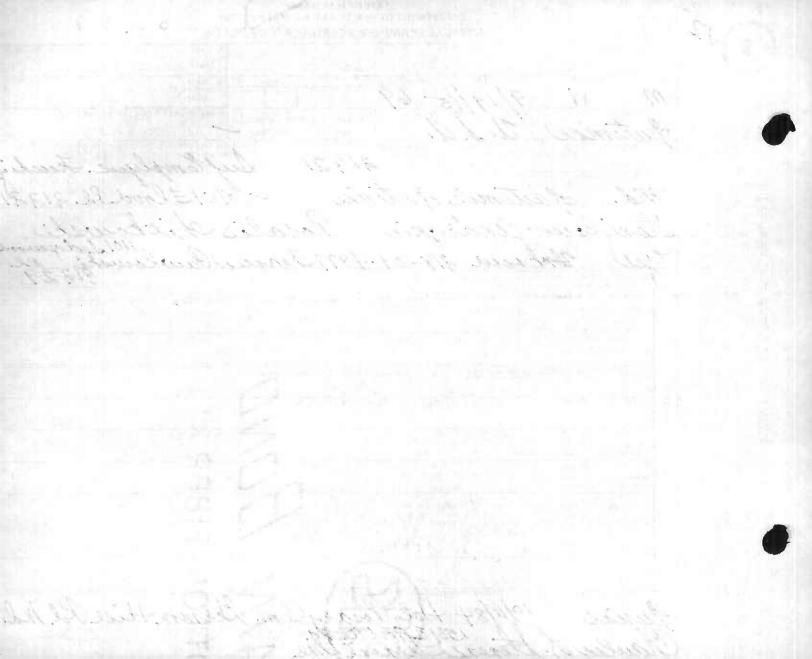
FOR STATE REGISTRAR	DEP	PARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	GIENE Z 6	237
DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Kurt	Ferdinand	ALT	October 9.	1984 7:30 AM
SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
Male	Cau.	11 20 94	89 YRS	
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	
Germany	U.S.A.	WIDOWED DIVORCED	Baltimore (County MD.
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NE	LURSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
Balto.	Franklin So	quare Hosp.	Lever Bros.	Retired
SUAL RESIDENCE (IF NURSING HOME OF STATE 131 COL		R TOWN 134 INSIDE CUT LIMITS?	13. STREET ADDRESS / ZIP CO 6204 Everall	Ave. 21206
FATHER'S NAME		15 MOTHER'S MAIDEN I	IAME	
Theodore	MIDDLE LAS		WIDDLE	LAST
WAS DECEASED EVER IN U.S. A		L SECURITY NO. 17 INFORMANT	ADDRESS	
(YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	07-8816 Mildred A	Haug 7403 K	enlea Ave. 212
	anly one cause per line for to 1, 1			APPROXIMATE INTERVAL 36 BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONS	onic Obstructive Disc	RMINAL DISEASE OR CONDITION (YES, WERE FINDINGS USED
₹			YES TO NOTY IN CER	RTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\bigcap \)
DE CONTRIBUTION CANCE OF D	DEATH HOUR A.M. MONTH	H DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM	
OR CONTRIBUTING CASE OF D OR CONTRIBUTING CASE	21e PLACE OF INJURY (AT HOME STREET, FACTORY O	211. LOCATION	CITY OR TOWN	COUNTY STATE
27a I certify that A (this has saw the deceased alive a above. M (we) (did) (and 27b. SIGNATURE	spital) attended the deceased for OCTOBER 9,	DEGREE ATTENDING PHYSICIAN	on death accurred on the date and f	
Robert CA		27e ADDRESS		standard from
		The same of the sa	000 Franklin Squ	are Drive 21237
Burial CREMATION, REMOVA		23c NAME OF CEMETERY OR CREMATOR Parkwood Cem.	23d LOCATION CITY OF TOWN Balto.	county Md.
Obove. A (we) (did) (did) 27b. SIGNATURE 27d. PHYSICIAN'S NAME (17PR	ot) view the body after death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	ind

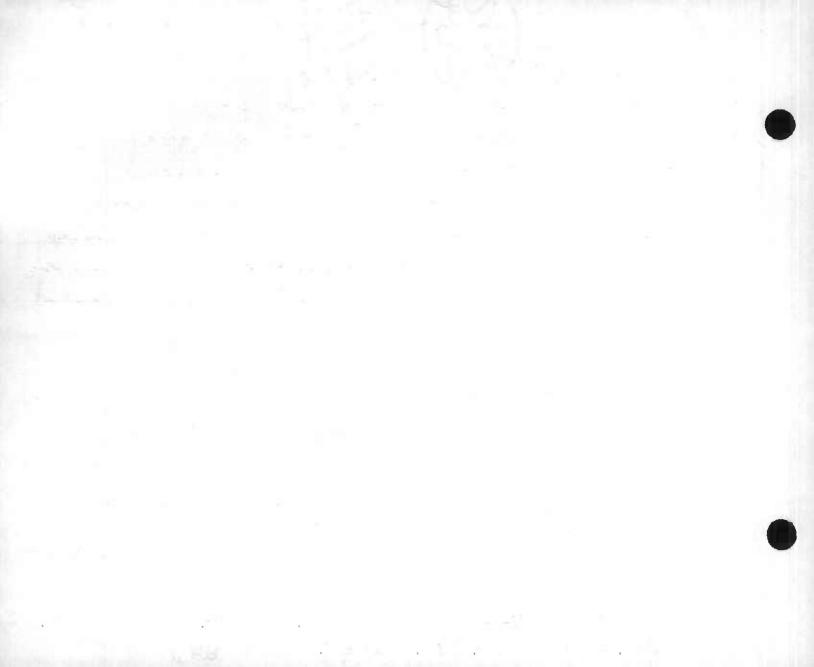
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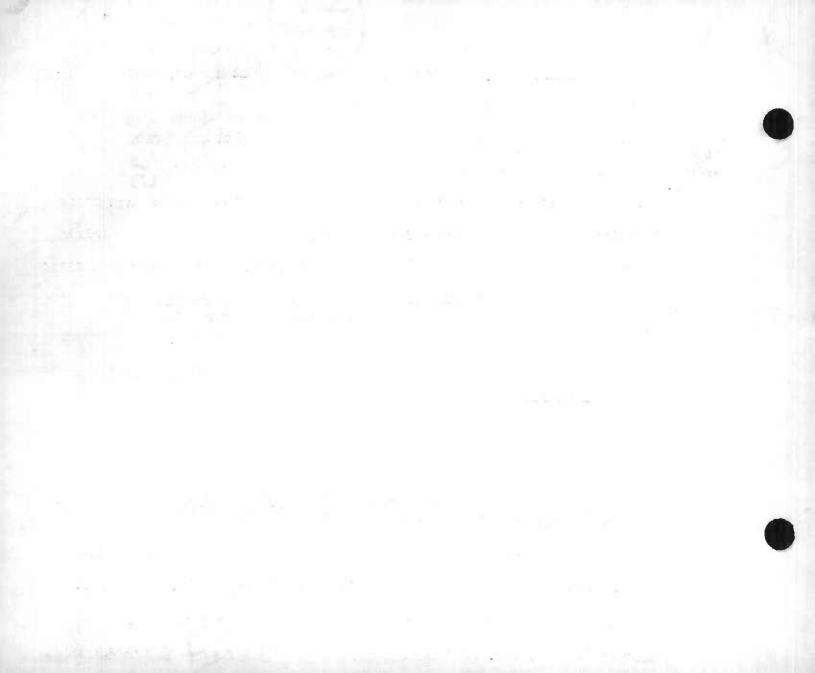
ط	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND MENT OF HEALTH AND MENT CERTIFICATE OF DEAT		6 2 3 8
noy be page 3 r death		CEASED NAME FIRST OR PRINT) NARY	B. F	LAST ATER S. DATE OF BIRTH	20 DATE OF DEATH OCTOBSE 6. AGE (IN YEARS LAST BE	MONTH DAY YEAR 26 HOUR 28 1984 1A. M. RIHDAY) IF UNDER 14 FUNDER 24 HRS.
n. Page 4 may be al director, page 3 thours after death	Fz		WHITE TO CITIZEN OF WHAT COUNTRY	MONTH - 13, 18	89 9 9 1	YRS. DAYS HOURS MIN.
death thin 72	0	ARY LAND	U-S. A.	MARRIED NEVER MARRI WIDOWED DIVORC	ED BALTIMON 120 USUAL OCCUPAT	IORE COUNTY MD.
- 5 7 8//	USU	AL RESIDENCE (IF NURSING HOME OR STATE	OTHER INSTITUTION, GIVE RESIDENCE BEFO	READMISSION)		31734
within 24 houvithin 25 hours filled in 12 should be	3	ARYLAND BALT	MIDDLE LAST	YES NO	DEN NAME	OTTY HILL AVE
ore, MARY mecuted with and completel ges 1 and 2.		FRANK VAS DECEASED EVER IN U.S. AR	FIRRAR	CURITY NO. 17 INFORMANT	ADDR	RAMELLUCCI
BALTIMORE ficate be exect hysician and opports. Pages noval. ent, the medica	1	18. CAUSE OF DEATH (Enter on	DIL 07	0275 FAM	124 RECORD	APPROXIMATE PRINTING
RESION SI., Be death certifical e attending phys mave carbon pop nation, or remove troumotic event.		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEC	SC075	seulu a	Course 18hin
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARTLAND 2120 NG PHYSICAN THE REQUIRES that the death certificate be executed within 24 hours after this certificate has been signed by the attending physician and completely filled in by as the build train pertian. Then please remove carbonpapers. Pages 1 and 2 should be fill thank man Higher pricin build, cremation, or removal.	NO	couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEO		HE TERMINAL DISEASE OR CON	ADITION GIVEN IN PART 1/a
ALRECO ALRECO an that been the period plane priod	CERTIFICATION	190 DATE OF OPERATION		H OPERATION WAS PERFORMED	YES NO	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
NOFVIII SECTAN TO PHYLIC TO PH	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH P.M.	DAY YEAR	OCCURRED (ENTER NATURE OF INJU	JRY IN ITEM IB PART I OR PART ?}
DIVISIO Proceeding After this Fos the build and and and and and and and and and an	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE		city or to	
ATTEND Couptol o ECTOR of of the or of the		saw the deceased alive on	ital) attended the de-saced from		opinion death accurred on the d	that (1) that (1) the old of the ond hour and from the causes stated
HOSPITAL OF THE STATE OF THE ST		224. PHYSICIAN'S NAME (TYPE O	ETELON PR PRINT)	RITEN	CIAN CHECTOR PHYSI	UF 10/22/21
TO HOSP		DR. CHARLSS BURIAL, CREMATION, REMOVAL	F. O Donne	L 7501 4	ORK ROAD -	Towson
BP DHMH - 16 50M 4/83	B	URIAL UNERAL DIRECTOR	10-31 1984 H	8800 REDESME	R BALTINA 250. DATE REC'D. BY REGISTRAR	R 25h REGISTRAR'S SIGNOCLURE - 20 -
(VRA 15, 4)	3	VANS CHAPILO	FMEMORIES	11 - 0	OCT 3 1 1984	lia Dundon Mon



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME DATE KNOWN (THE OLDERS) OF ESTI-Andrykis John 1984 6. AGE (IN HARS IF UNDER 4. RACE SEX IF UNDER 24 HRS DATE 24 HOUR RONOUNCED å00 DEAD I. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore County, WIDOWED OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Flood Road Dunda 1 k JLD BE CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Gunshot Wounds (unspecified) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10. CERTIFICATION Blunt force trauma to head 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HE I PRIOR TO BURIAL, RWARDED TO THE CONTROL SHOULD BE U YES XX NO 210 EXTERNAL CAUSE WAS HOUR A.M. MONTH CAT 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XXOR 10-7 10 84 subject was shot and assaulted CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT WORK AT WORK XX STREET, FACTORY, FARM, ETC) 8101 Flood Rd., Dundalk, Balto. Co., Maryland Home Autapsy XX 21s 1 certify that a late sharge at the remains pescribed above, held an Inspection ______, Inquiry L and in my apinion TO PUNERAL DIRECTO Hamicide XX Undetermined manner Natural causes TITLE (SPECIFY) Assistant 10-8-84 DATE MEDICAL EXAMINER SIGNED Dennis F. Smyth, 21201 EXAMINER'S NAME 111 Penn St., Balto., Md. TYPE OR PRINT) ADDRESS BP **DHMH - 17** (VR A15 ME (5)) 20M 4/82







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8728 Liberty Road Randallstown, Maryland 21133

(VRA 15, 4)

FOR STATE STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL BY GIFNE

CERTIFICATE OF DEATH

Tie Davidson- Mangalle

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D	1.	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH		4 4
(mil	(TYPE	CEASED NAME FIRST Allen	MIDDLE	Arnold	REG. NO. 20 DATE OF DEATH MONTH	2-1/84 5-11 A
Na diameter	3 SE	X Male (RTHPLACE (STATE OR FOREIGN 7)	White	5 DATE OF BIRTH MONTH DAY OF	& AGE (IN YEARS LAST BIRTHDAY) YR 9 BALTIMORE CITY OR COUL	
deoth.	C	OUNTRY)	U.S.A.	MARRIED NEVER MARRIED (WIDOWED DIVORCED [RSING HOME OR OTHER INSTITUTION	Dalles Vall	County MD.
1201	Ja	Sykesvil	Ballimore	County G. Hosp.	(TYPING IK TOO STOF WORKIN	Rail Topad
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or attending physician. The this certificate has been signed by the attending physician and completely filled in the sist has burited has been signed by the outending physician and completely filled in the straight of the burited has been signed by the outending physician and completely filled in the straight of the signed beautiful and Mental Hygiene prior to burial, cremation, or removal and all the signed of the signed by the complete that the signed of the signe	130	ATHER'S NAME	roll Sykes		6232 Oaken	ill or. 184
completel	1	Cityde M		nold Emm	70 M. ADDRESS	Neuman
be exection and its. Pag			war or dates) 705-0	5-034-1 Margaret	Arnold, 62320	ablilept.
ST., BAL		18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY: DINACT	ite carcinoma	L	BETWEEN ONSET AND DEATH Dyan 4.91
W. PRESTON to the death at the death at the actending size remove carb, and after troumofic.		Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSE	OUENCE OF Reast f	Caelure	2 years
201 W. PR es that the ned by the please rem ural, cremo		cause (0), stating the underlying cause last	DUE TO, OR AS A GOINSE	OUENCE OF Choleoust	itio	12 years
ORDS, 20 requires an signed. Then plur to burn to burn injury, a	NOI	PART 2. OTHER SIGNIFICANT CO	onditions <u>contributing</u>	TO DEATH BUT NOT RELATED OTHE TE		
AL RECOR	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
IVISION OF VITAL G PHYSICIAN: The ottending physician properties of the burial-transit prod Mental Hygien reed or from the burial-transit prod Mental Hygien		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)
DIVISION DING PHYS or ottendir e.e. os the bu olith and Mi	MEDICAL	21d INJURY OCCURRED WHILE OF WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
TTEND putal of CTOR. A for use of Heal		22a. I certify that (I) (this hospital saw the deceased alive an above, (I) (we) (did) (did not)	9/24	02 11	on death occurred on the date and	, 19 , that (I) (we) last hour and from the causes stated
AL OR the hard the hard the hard the Dep		226. SIGNATURE ANONESTER	Chum	M ATTENDING PHYSICIAN	MEDICAL STAFF	10/22/84
TO HOSPITAL OR A etonied by the hospital DIRES should be detriched with the Stote Dept.		AUGUSTIN	I I CHYL	122e ADDRESS (1948 R)	Centy Rd. Syke	sville. MD
₽₽ ₽₽ <u>\$</u>	23a. E	BURIAL, CREMATION, REMOVAL SPECIFY BURIAL	10/24/84	36 NAME OF CEMETERY OF CREMATOR	Marriots 1/	K HOWARD MD
DHMH - 16 60M 1/75 (VR A 15 (4))	24 F	UNERAL DIRECTOR NAME HOME). Hought	Sukesville, MD 150 0	GT 22 1984	SISTRAR'S SIGNATURE

4	1-	FOR STATE REGISTRAR			DEPARTA	NENT OF H	OF MARYLAND EALTH AND MENTAL HYC ICATE OF DEATH		6 2	4 5	
1		CEASED NAME	FIRST	1	MIDDLE	L	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
be ath	11111	OR PRINT)	Haze	1	I.	Au.	1	Oct. 1	0, 1984		3:00 Hm
You No.	3. SE	X	27(3)	4. RACE		5. DATE C		6. AGE IN YEARS LAST	BIRTHDAY IF U	NDER I YEAR	IF UNDER 24 HRS
((A)	F	emale		White		12	- 28-1906	77	YRS.	DAYS	min.
death. Page unerchint of o		RTHPLACE ISTATE OR F	OREIGN I	U.S.	WHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER MARRIED DIVORCED		y <u>or</u> county of ore Coul		MD.
s ofter d	Pa	rkton		20123	Downes	Rd.	R OTHER INSTITUTION	120. USUAL OCCUP	ATION STOF WORKING (IFE)	NDUSTRY	F BUSINESS OR Home
in 24 hour lifted in should be f	130. M	AL RESIDENCE (IF NURSI STATE aryland	Balt	other institution. TY IMORE	Parkto	ADMISSION) N N	136. INSIDE CITY LIMITS?	1328123°D	ownes R	1120 d.	
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n and co		VAS DECEASED EVER YES NO OR UNKNOWN) NO		MED FORCES?	166 SOCIAL SECU 170-26-		Grace Russ	ell Park	3 Downe ton, MD		20
physicio npopers maval.		18 CAUSE OF DEATH PART I. DEATH W		y one couse per) BY: E CAUSE (0)	(-A)	A C	Fallure			BETWEEN	MATE INTERVAL DINSET AND DEATH
that the death cer d by the attending ease remove carbo ol, cremotion, or re or other froumotic e		Conditions, if ony, gove rise to imm cause (a), statin underlying cause	which nediote g the	DUE TO, O	PA CONSEQUE PA COVISEOUP PA BAE	NCE OF	Arnhy +	Unio Tschen	n/A		
been signermit. Then pl prior to burn any injury, o	CERTIFICATION	PART 2, OTHER SIGN HYPE 190 DATE OF OPERAT	rten	ISPON	ITION FOR WHICH	gut,	NOT RELATED TO THE ERA NOT RELATED TO THE ERA WAS PERFORMED	1. 1	20b. IF YES, W	VOS.	NGS USED
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NG PHYSICIAN: The law requires that the death certical threat in the certificate has been signed by the attending pass the buriel-transit permit. Then please remove carbon the and Mental Hygiene prior to buriol, cremation, or renanched ar tem 18 shows any injury, or ather froumotic events.	MEDICAL	21d. INJURY OCCUR		21e PLACE			21f. LOCATION STREET	CITY O	RTOWN	COUNTY	STATE
spitol or CTOR: Al A for use of 1. of Healt n 21 is mo		saw/the deced appea, ill (web)	d olive on.	Jended th	e deceased from		d that in (my) (our) opinion	deoth accurred on the	e date and hour an	d from the	
by the ho by the ho RAL DIRE detached store Dept		22d. PHYSICIAN S	1	PRINT)	3	an	ATTENDING PHYSICIAN	MEDICAL S	TAFF SICIAN [10	-10-84
TO HOSPITAL OR retained by the 14 TO FUNERAL DIR should be detach, with the State Deep MAPORTANT: If the		AD.M	OLIA	IARO, 7	u MD		Shree	usbury	PA	173	61
BP		BURIAL, CREMATION, (SPECIFY)	REMOVAL	10-12		aklan	0.071		wp.India		O. PA.
DHMH - 16 50M 4/B2 (VRA 15, 4)		J. Harte	nste	in, Ne	econd at	Fra	nklin St.00 PA 17349	Tred in secien	AR 25b. REGISTRAF	down-	andall

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Fureret Home PA 1407 Old Eastern Ave.

FOR

REGISTRAR DECEASED NAME

STATE

DHMH - 16 50M 4/83

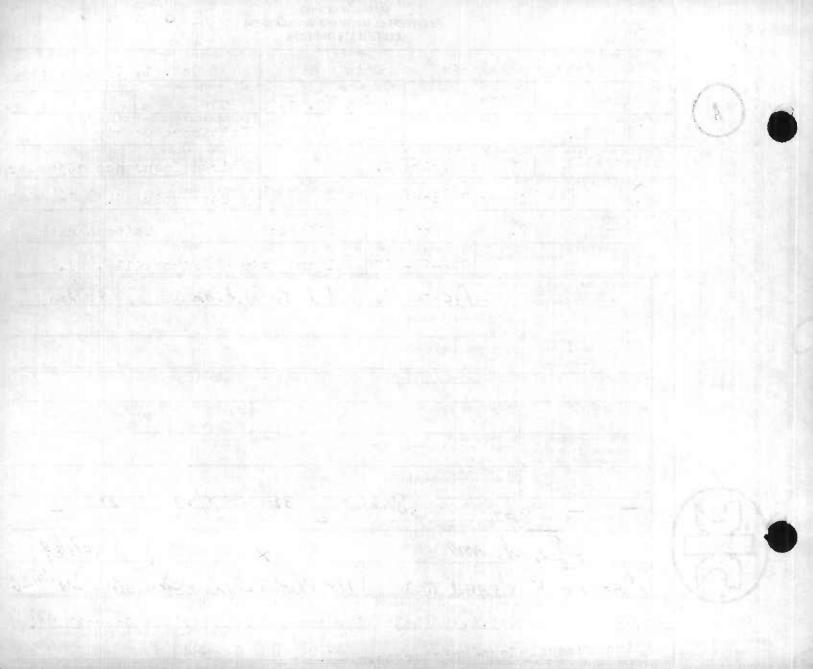
(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL DYGIENE 2 6 2 4 6

CERTIFICATE OF DEATH

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REG. NO	10-27	VEAR P4	2b. HOU	A M
36 LINYEARS LAST BIRTH	YRS.		IF UNDER	24 HRS MIN.
BALLYMORE CITY OR BALLYMO TO USUAL OCCUPATION THAT WORK PRINCES	re C	oun	F BUSINE	
STREET ADDRESS /		wedes		1919
WIDDLE		lullo'	ST	
Mother)	Same			
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al disease or cond				
YES NO	20b. IF YES, V IN CERTIFYIN YES [VERE FINDI NG CAUSE:	NGS USE S OF DEA NO [D TH?
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signed by the attending physicia

should be detached for use as the burial-transit permit. Then please remaye carban pape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, ar remayal.

	Item # 6	
1 - STATE1	0/16/84	rja

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHYGIENE

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Al-tice				-0.0	

	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO).		
	CEASED NAME E OR PRINT)	ONNEL		W.		KER	20. DATE OF DEATH October			3.00
3 SE	X		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24
1	Male		White		January 9, 1910		64 74			
76. BIRTHPLACE (STATE OR FOREIGN 7: COUNTRY) Maryland		76 CITIZEN OF WHAT COUNTRY? 8		MARRIED X NEVER MARRIED WIDOWED DIVORCED		Baltimore County OF DEATH Baltimore County				
Towson			(1F231 SUC	1. NAME OF HOSPITAL, NURSING HOME O			RETITED *** STEEP ETSON			
13a S	AL RESIDENCE (IF NUR STATE ryland	Balt	other institution ity imore	131. CITY OR JOWN		13d INSIDE CITY LIMITS? YES NO K	13e. STREET ADDRESS 231 C Bu	rke Av	enue (212
1	John Ther's NAME		widdle B	aker LAST		Edith	WE	Pa	arker	ST
	60 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) (16 YES GIVE WAR OR DATES) 215-10-6541					Mrs. Frances M. Baker same as 13 e.				
	18 CAUSE OF DEAT	H Enter on	y ane cause per	r line far (a) (b), and	dicil	Motastas			APPROX BETWEEN	IMATE INTERV. ONSET AND DI
CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)									
	19a DATE OF OPERA	TION	196 CONDITION FOR WHICH OPERATION			I WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FIND! YES NOT YES YES YES			NGS USED OF DEATH	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		HOUR A.M. MONTH DAY YEAR		21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	Y IN ITEM 18 PART	I OR PART 2)		
MEDICAL	21d IN JURY OCCUR		216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET STREET CITY OF 100 HOME.				STA			
	220.1 certify that (I saw the decease abave, (I) fuel			3//19/	4 . 01	nd that in (my) (our) opinian o	, todeath accurred an the da	te and hour a	nd from the	that (I) (we
	226. SIGNATURE	1	gono	ung			MEDICAL STAF	F AN 🗌	10/	4/8
	Vuong Vu Ngu		uyen, M.D.		6331 Belair Road			/		
	BURIAL, CREMATION,	REMOVAL	23b DATE 10-6-1			EMETERY OR CREMATORY Valley	23d LOCATION CITY OR TOWN Timonium		Ma	ryland

BP.

TO FUNERAL DIRECTOR: After

DHMH - 16 50M 1/81 (VRA 15, 4)

Burial

Dulaney Valley 1050 York Road

Timonium

Maryland

Ruck Towson Funeral Home, Inc. Towson, Maryland 250 DATE REC'D. BY REGISTRAR 250 BEGISTRAR'S SIGNATURE
OCT 5 1984 Juna Davidson-Randelle OCT 1984

DEPARTMENT OF HEALTH AND MENT AD HYGIENE FOR 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME LAST 20 DATE OF DEATH MONTH 2b HOUR TYPE OR PRINT Baker 10 & AGE IN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX HOURS Jan. 8. 1912 Female Caucastan BIRTHPLACE ISTATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED **EXXXXXXX** Baltimore COMD. U.S.A. Maryland WIDOWED DIVORCED [CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Co. General Hosp. Assembly Worker Plastic Co ISUAL RESIDENCE (IF NURSING HOJE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Maryland 7652 Gaither Rd. 21735 Carrol1 Gaither 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME Shippley MIDDLE MIDDLE Unk. Emma Baker 17 INFORMANT ADDRESS 166. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? YES NO OR UNKNOWN) HE YES, GIVE WAR OR DATEST 220-22-5599 John H. Baker same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: n car lial IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL MENTAL ON CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL MENTAL ON CONTRIBUTION OF CONTRIBUTIONS CONTRI DIVISION OF VITAL RECORDS. an 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [NOF 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) 210. ACCIDENT WAS UNDERLYING 216 TIME OF INTURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET MHILE NOT WHILE 22a I certify that (I) (this hospital) attended the deceased from saw the deceased alive on... and that in (my) (aur) apinion death occurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady ofter death 226 SIGNATURE DEGREE 22c. DATE SIGNE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) old cour load fanda 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 231 NAME OF CEMETERY OR CREMATORY 10/29/84 Emmanual Cemetery Laurel, Howard, Maryland 256 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Fleck Funeral Home, Incaurel DHMH - 16 50M 4/83 (VRA 15, 4)

Late de la Carte d All the state of the second of

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME KNOWNXX MONTH DATE (TYPE OR PRINT) ESTI-FUNERAL DIRECTOR.
E 5 FOR YOUR FILES.
D, WITHIN 72 HOURS
W, PRESTON STREET, Nichole DEATH MATED Saraha Baker 19 84 IF UNDER 1 YR. 4 RACE DATE OF BIRTH A AGE IN YEARS TIE UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY) 6:03 PRONOUNCED FEMALE WHITE 84 1084 DEAD a. M BALTIMORE CITY OR COUNTY OF DEATH 7n RIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY USA MARYLAND Baltimore County, FIED 18 CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE)
None (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY Essex Franklin Square Hospital USUAL RESIDENCE (IF IN NURS --3a. STATE 134. INSIDE CITY LIMITS? 13r CITY OR TOWN 6563 St. Helena Ave. 21222 Maryland Baltimore 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME 8. GIVE PAGES I WITH FORM IT. PAGES I AND DIVISION OF VIEW James Baker Deirdre Reinhard 14h SOCIAL SECURITY NO 7. INFORMANT 21222 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Deirdre B. Baker 6563 St. Helena Ave CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Congenital Brain Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HE PRIOR TO BURIAL, YES XX NO BE 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION EXECUTE THE CERTIFICATION FACE A SHOULD BE FORWARD TO FUNERAL DIRECTOR; PAGE 3 AFTER DEATH, WITH THE STATE DE RALTIMORE, MARYLAND, 21201 F AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY Autopsy XX 22a. I certify that Flook charge of the remains described above, held on Inspection and in my opinion Natural causes XX.C Hamicide Undetermined manner TITLE (SPÉCIFY) ACTUAL Assistant 10-1-84 SIGNATURE EXAMINER'S NAME Dennis F. Smyth M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY Baltimore, Maryland 10-3-84 Gardens of Faith Cem. Burial 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 125b REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5) 20M 4/82

SERVICE AND THE POST OF THE PARTY OF THE PAR AND MINISTER OF THE PARKS . UTSER Commence of the second Senigrati, brothing

DHMH - 16 50M 4/B3

(VRA 15, 4)

FOR

- STATE REGISTRAR 1. DECEASED NAME

FIRST

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT & HYGIENE 6 2 5

CERTIF	ICATE OF DEATH	REG. NO.		
VE I	RALLARD	10-11-84 MONT	H DAY YEAR 26	3450
5. DATE O	ember 26th; 19			UNDER 24 HRS
MARRIED WIDOWE				7 × ME
G HOME O	SPITAL	Supt? Records	Cartholler Ch	
admission) N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP Stella Maris	CODE Hospice-212	204
	15. MOTHER'S MAIDEN NA Katherine	T .	LAST	
811Y NO.	Rev. John V.	Ballard-2854	Brendan Ave	2121
Ja/0	my faile	re.	APPROXIMA BETWEEN ONS	E INTERVAL ET AND DEATH
NCE OF	umonitis,	plural effe	sions.	
NCE OF	untecton	y. //		
DEATH BUT	NOT RELATED TO THE TERM	L DISEASE OR CONDITION	ON GIVEN IN PART 110	
OPERATION Chal	N WAS PERFORMED		. IF YES, WERE FINDING: CERTIFYING CAUSES OF YES	
Y YEAR		RED (ENTER NATURE OF INJURY IN I	EM 18 PART 1 OR PART 2)	
ARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
4. on	id that in (my) (our) opinion	death occurred on the date of	nd hour and Irom the cou	
M	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	27t. DATE SIC	SNED
•	??e ADDRESS			
AME OF C	EMETERY OR CREMATORY	23d. LOCATION		

24 FUNERAL DIRECTOR

Mitchell-Wiedefeld Home-6500 York Rd. 21212

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

COUNTY

CITY OR TOWN

STATE

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STATE

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHYGIENE

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IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumatic event, the

TO FUNERAL DIRECTOR. After this certificate has been signed by the otten should be detached for use as the burial-transit permit. Then please remove as with the State Dept. of Health and Mental Hygiene prior to burial, cremation.

etoined by the hospital or attending physician

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DEPARTMENT OF HEALTH AND MENTACHYGIENE

6

1-	FOR STATE REGISTRAR			DEPARTA		EALTH AND	MENTACHYG DEATH	REG. N	0 <i>L</i>	3	3	
	CEASED NAME	FIRST		MIDDLE	(AST		20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
[TYPE	J.	ohn	Ama	aury	BAR	BOZA	1200		Oct.	20,	198	40:45 M
3 SEX	X		RACE		5. DATE C			6. AGE (IN YEARS LAST BI	RTHDAY)	MONTHS.	RIYEAR	IF UNDER 24 HRS
	Male	0.000	Caucas	ian	Jan.	25,	1944	40	YRS	MONTHS	DAYS	HOURS MIN,
	RTHPLACE (STATE ORE	OREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	8	NEVED	MARRIED XX	9. BALTIMORE CITY	R COUNT	Y OF DE	ATH	
	erto Rico	5.00	U.S.A.	C. F. S. S. L.	WIDOWE		NORCED	Baltimore	Count	137		MD.
	TY OR TOWN OF DEA	ATH 1	1. NAME OF	OSPITAL, NURSIN	G HOME C			12a USUAL OCCUPAT	ION	12b		F BUSINESS OR
P.	andallstow			H FACILITY, GIVE STREET		1 II		T			USTRY	0 .
	AL RESIDENCE LIF NURS			ore Count		eral H	ospitai	Insurance	Spec	. 10.	. S.	Govt.
13a S	aryland	136 COUNT		Woodlaw	N	13d INSIDE	NO X	13e STREET ADDRESS 1635 Vida			od Lav	wn 21207
14 FA	THER'S NAME		IDDLE	LAST		15. MOTHER	'S MAIDEN NA			17-5		
	John		MN)	BARBOZ.	A	М	aria	Theres	a		FRAI	
	VAS DECEASED EVER			166 SOCIAL SECU		17 INFORM		K202 Gô Pa		ato		
0	YES, NO OR UNKNOWN)	Viet	WAR OR DATES)	092-36-8	01/	Tohn	Barboza				ОВ	00022
						JOHN	Dalvuza	Oaparta I	ergii			00922 MATE INTERVAL DISET AND DEATH
	PART I. DEATH W Conditions, if any, gove rise to imm cause (o), statin underlying cause	MAS CAUSED IMMEDIATE which nediate g the	DUE TO, OI	R AS A CONSEQUE	AAIAL NCE OF	- 4	Emmon	MAGE			3 7	MYS
	PART 2 OTHER SIGN	NIFICANT CO	ONDITIONS CO	INTRIBUTING TO E	EATH BUT	NOT RELATE	D TO THE TERM	AINAL DISEASE OR CON	IDITION G	IVEN IN I	PART Ito	
Z	10804											
CERTIFICATION	190. DATE OF OPERAT	TION		TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTOPSY? YES NO	IN CERT			IGS USED OF DEATH?
EDICAL CE	21a. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH	HOUR A.	M. MONTH DA	Y YEAR	21t. HOW II	NJURY OCCURI	RED (ENTER NATURE OF MUL	JRY IN ITEM 18	PARTTOR	PARI 2)	
MEDI	21d INJURY OCCURE	ILE 🗍	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCAT	ON	CITY OR TO	ok 1	co	UNIY	STATE
	22s I certify that (1) sow the decease above, (1) (we) (c	ed olive on_	10/201	89 19	10// ar	od that in (my	, 19	death occurred on the d	ote and ha	, 19 our ond fr		that (I) (we) last couses stated
	226. SIGNATURE	14-1	luga			DEGREE	ATTENDING PHYSICIAN	MEDICAL STA		22	DATE S	IGNED 1984
	224. PHYSICIAN'S NA	AL.	DUGA	H win		22e ADDRE		er an				W 1 3 4 1

BP.

DHMH - 16 50M 4/83 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL (SPECKY)

Cremation
24 FUNERAL DIRECTOR 236. DATE

231. NAME OF CEMETERY OR CREMATORY

23d LOCATION

COUNTY STATE

Oct Security Process Catonsville Baltimore, Md REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

4107 Wilkens Ave. who Tavidson Pandall Hubbard Funeral Home, Inc. Baltimore, Md. 212

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	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF I	E OF MARYLAND BEALTH AND MENTAL GIFG CICATE OF DEATH	IENS 2	6 2	5 6)
		OR PRINT)	rances MIDDLE	M. 13	Barczak ARCZAH	20. DATE OF DEATH	MONTH DA	Y YEAR	16 UC
	3. SE		1 RACE	5. DATE (6 AGE (IN YEARS LAST BE		UNDER I YEAR	IF UNDER 24 H
- 1		Female	White	6	25 13	71	YRS.		
		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUN U.S.A.	TRY? 8. MARRIE WIDOWI	D NEVER MARRIED DIVORCED	Baltimo			
36	10 €	Towson	II. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE St. Joseph	STREET ADDRESS)		126 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Homemak	OF WORKING LIFE)	176 KIND O INDUSTRY	OF BUSINESS
36	13a.	AL RESIDENCE (IF NURSING HOME COL STATE 136 COL aryland Ba	INTY 13c CITY OR		13d. INSIDE CITY LIMITS? YES NO DEC	13e.STREET ADDRESS 1106 Pe	/ ZIP CODE	od Rd.	2123
E/2/	14. F/	ATHER'S NAME	MIDDLE LAS		15 MOTHER'S MAIDEN NA	ME MIDDLE	1	LAS	
S JU		Francis	J. Dreng		Maryann	a		Pisk	or
medico /		WAS DECEASED EVER IN U.S. A	IVE WAR OR DATEST	SECURITY NO.	17 INFORMANT	ADDR		1234	
e /		No	212-1	0-2598	Irene L Ge	gorek 1106	Pelhan		Rd.
or other troumotic eve		Conditions, if ony, which gove rise to immediate cause [0], stating the underlying cause lost.	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	EQUENCE OF	17DIM 1	ni Alse Dissia	ren.		17 RJ
, injury,	NOI		CONDITIONS CONTRIBUTING						
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23¢ NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR Baltimore, Maryland Leonard J. Ruck, Inc.

Oct 8 1984

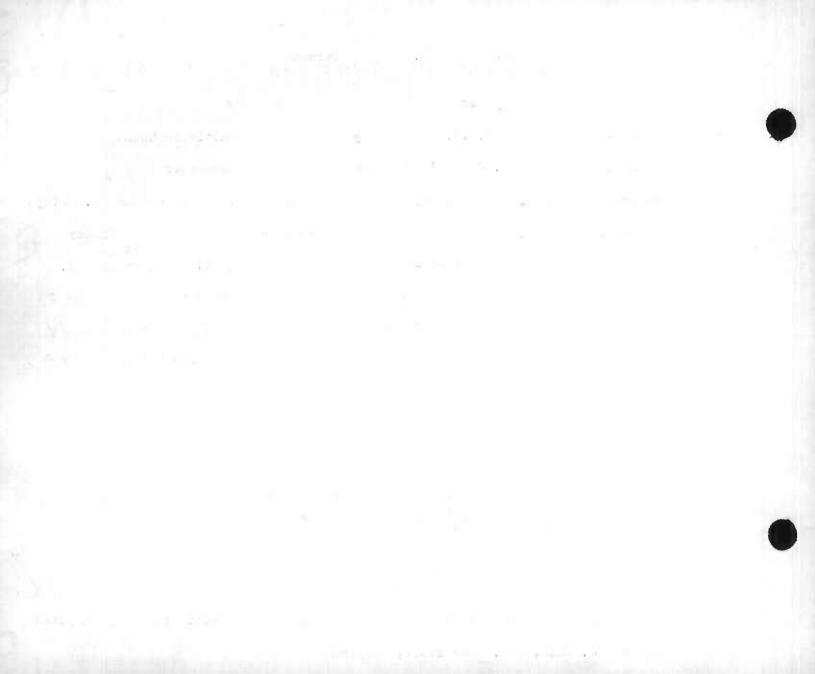
23b. DATE

23a BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

23d LOCATION
CITY OR TOWN
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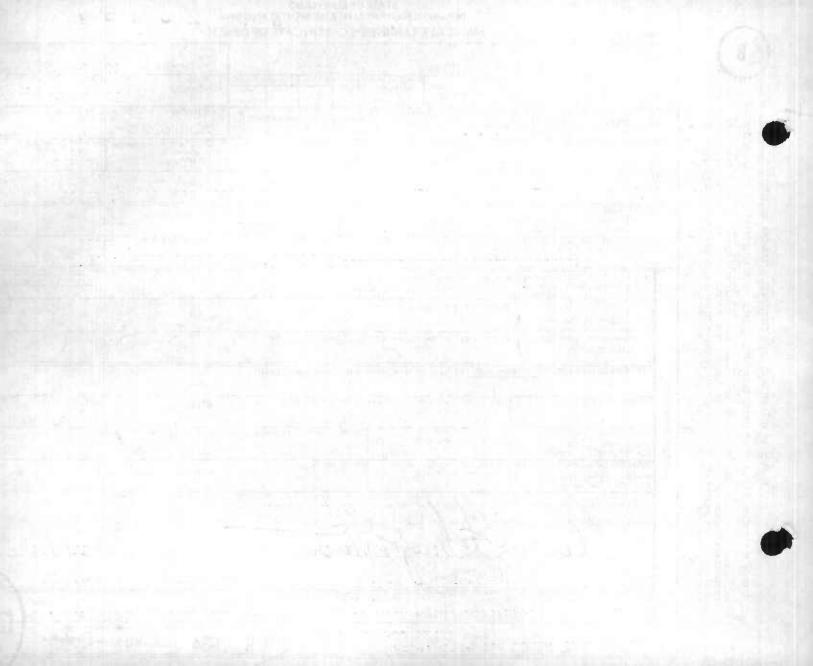
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL MYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG.'NO 20. DATE OF DEATH DECEASED NAME MONTH 26. HOUR TYPE OR PRINTS SADIE 10-23-84 8:30 BARRET 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH HOURS DAY White April 29, 1934 Eemale BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland U.S.A. WIDOWED X DIVORCED [BALTIMORE COUNTY MD CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY TOWSON GRMC High's Store Manager USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 186 COUNTY 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN Maryland Baltimore Phoenix YES [] NO X 2713 Paper Mill Rd. 21131 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE William Robert Price Maude Grace Tracey ADDRESS Owings Mills, Md. 160/WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) 216-30-1101 William L. Barrett, Jr. -4Bl Trolod Ct.2111 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic). PART I. DE ATH WAS CAUSED BY COLON CARCINOMA WITH LIVER METASTASSES DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (b) gove rise to immediate couse (0), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOV 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) AL WORK 10 - 8220 I certify that (1) (this hospital) attended the deceased from. and that in (my) (our) opinion death accurred on the date and hour and from the causes state. obove, (I) (we) (did) (did not) view the body ofter deoth 22b. SIGNATURE DEGREE 72c DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS N. CHARLES STREET. TOWSON, MD. 2120 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial CITY OF TOWN 10-26-84 Poplar Grove Church Phoenix, Baltimore, Maryland 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR 1050 York Rd. Ruck Towson Funeral Home, Inc. Towson, Md. 21204

3 4 1984 Julia Davi

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TO HOSPITAL OR ATTENDING PReformed by the hospital or often TO FUNERAL DIRECTOR. After this should be detached for use as their with the State Dept of Health and IMPORTANT: If them 21 is marked and the state of th	ME	WMILE NOT WHILE AT WORK 270.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did 22b. SIGNATURE) 27d FHY SICIAN SIMME (TY)	spital) attended the	5/ 19 \$	9-	DEGREE ATTENDING	DICAL STAFF DIRECTOR PHYSICIAN	TOUS ON ZIZO
BP OF STATE		BURIAL, CREMATION, REMOV (SPECIFY) Burial	AL 23b DATE NOV. 5			EMETERY OR CREMATORY Stock	234. LOCATION	Baltimore Co., Md
DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	UNERAL DIRECTOR itchell-Wiedef		ADDRESS	6500	York Rd. 25a.D	ATE REC'D. BY REGISTRAR 256.	

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DECEASED NAME (TYPE OR PRINT)

FEMALE

78. BIRTHPLACE (STATE OR FOREIGN

3. SEX

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL BY GIENE	
CERTIFICATE OF DEATH	

BASGLE

DAY

20

YEAR

17

5. DATE OF BIRTH

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BLANCHE MARCELLA ADOMAITIS

WHITE

76 CITIZEN OF WHAT COUNTRY?

4. RACE

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2b. HOUR

5:25

IF UNDER 24 HR!

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IF UNDER TYEAR

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YRS BALTIMORE CITY OR COUNTY OF DEATH

20 DATE OF DEATH

& AGE (IN YEARS LAST BIRTHDAY)

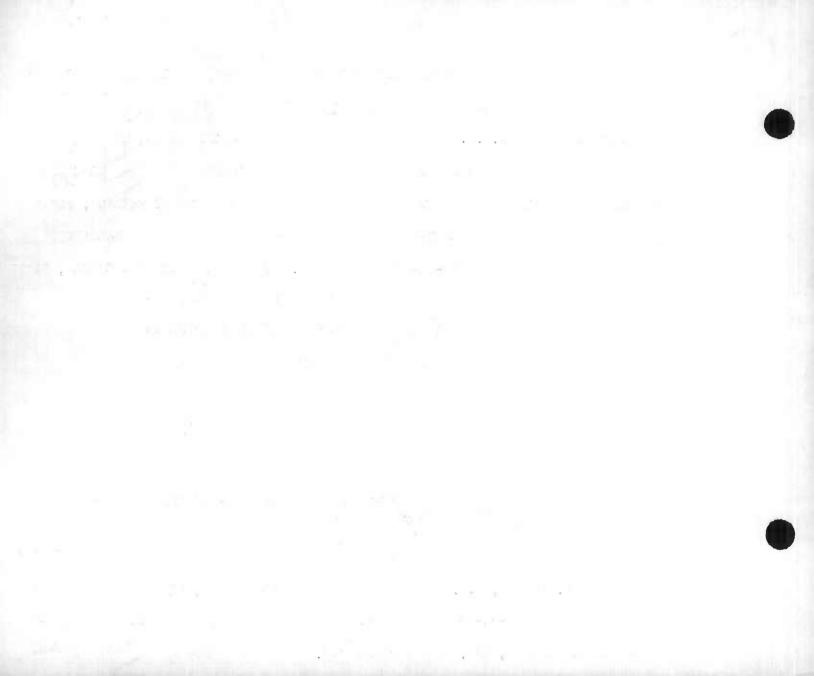
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MARRIED NEVER MARRIED COUNTRY) PENNSYLVANIA U.S.A. WIDOWED DIVORCED [BALTIMORE COUNTY NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 5001 GATEWAY TERRACE ARBUTUS TAILOR CLOTHING USUAL RESIDENCE HE NURSING HOME OR OTHER INSERTUTION GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13b COUNTY 13c. CITY OR TOWN 113d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE MARYLAND BALTIMORE ARBUTUS YES X NO 5001 GATEWAY TERRACE. 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE AUDDLE LAST FIRST FRANK ADOMAITIS MARCELLA BALCAITIS ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO 78-01-465 NELSON3308 RYERSON CIRCLE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (0), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c Conditions, if ony, which gove rise to immediate couse (o), stoting underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206 IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 280 AUTOPSY IN CERTIFYING CAUSES OF DEATH? YES [NO [21b. TIME OF INJURY 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED FINTER NATURE OF INJURY IN ITEM 18 PART I OR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY CITY OF TOWN COUNTY STREET (AT HOME STREET FACTORY OFFICE FARM ETC.) NOT WHILE AT WORK AL WORK 22a | certify that (I) (this hospital) attender to edeceased fi sow the deceased alive on above, (1) (we) (did) (did not) with the ind that in (my) (bur) opinion death occurred on the date and haur and from the causes stated 27h SHGNASOHI 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN PHYSICIAN HCIAN'S NAME FIRE OF PE WILLIAM J. BRYSON, M.D. 5772 WESTVIEW MALL. 236 NAME OF SEMETERY OR CREMATORY 23d LOCATION 23a BURIAL CREMATION, REMOVAL 23b. DATE BURIAL CITY OR TOWN BALTIMORE CITY 10-08-84 LOUDON PARK 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

DHMH - 16 50M 4/B3 (VRA 15, 4)

0

ORTANT.



NAME:

Walter J. Bawroski, Sr.

DATE OF DEATH:

Oct. 22, 1984

PLACE OF DEATH:

Baltimore County

SEE: Certificate #84-26281 Bowroski, (corrected)

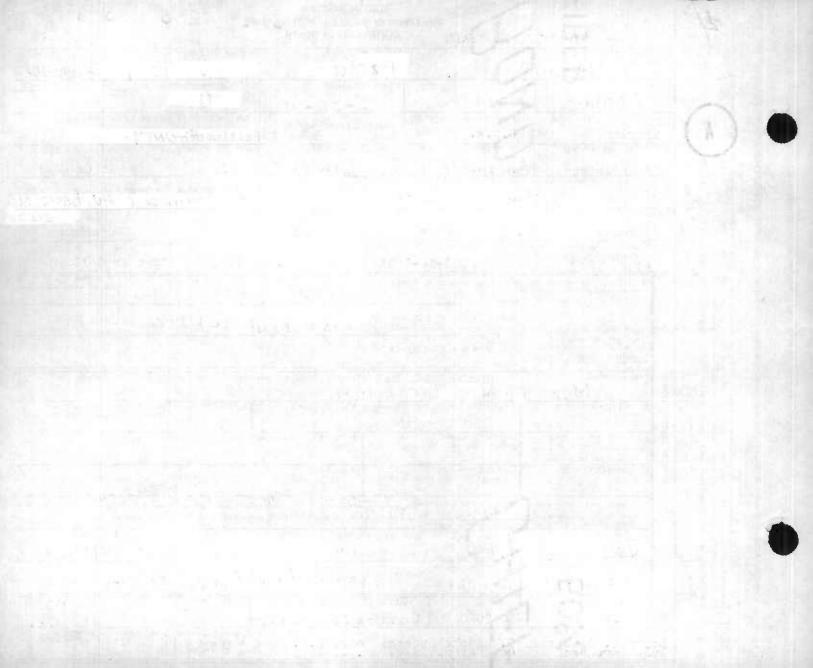
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STATE OF MARYLAND

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ever		TAKTI. DEATH V		TE CAUSE (o)			SEPSIS				
, or i		TREAT AND		DUE TO, C	R AS A CONSE	QUENCE OF		IE (I)	LEG	785 V 13	
otion	13	Conditions, if ony		(b)_			CHANGEREI	NE C	+EG		
other t		gove rise to immore couse (a), status underlying couse	ng the	DUE TO, C	R AS A CONSE	OUENCE OF					
o di o		PART 2 OTHER SIGN	VIFICANTI	CONDITIONS	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAI DISEASE OR	CONDITION GI	VEN IN PART 1	0
to b	N	M	YACI	ARDIA	IN	000	INN.				
ws only i	CERTIFICATION	19a DATE OF OPERA	TION	19b COND	ITION FOR WH		N WAS PERFORMED	20s AUTOPSY?	20b. 1F YE	S, WERE FINDI	NGS USED
Shows	Ĕ	-						YES T NO		FYING CAUSES	NO
Mental Hygie	8	21a. ACCIDENT WAS UNI	DERLYING	216. TIME C			21c HOW INJURY OCCUR	RED (ENTER NATURE O	FINJURY IN ITEM 18	PART I OR PART 2)	
To It		OR CONTRIBUTING			.M. MONTH	DAY YEAR					
	MEDICAL	214. INJURY OCCUR		21e PLACE	OF INJURY		211 LOCATION STREET	C179	OR TOWN	COUNTY	STATE
ou pe	E	WHILE NOT WE AT WO	HITE .	(AT HOME, ST	REET, FACTORY, OFF	ICE, FARM, ETC)	ZIKEEI	CITY	ORTOWN	COUNTY	STATE
Heolth is mort		22a.1 certify that (1)		ital) attended th	he deceosed fro	m (0.	-01 19 84	, to 10	-18	19 81	that (I) (we) lo
or of He		sow the deceos	ed olive or	10	-18	9 84.0	nd that in (my) (our) opinion	death occurred on t	he date and hou	ond from the	couses stated
e bt.		above, (I) (we) (22b. S GNATURE	did) (did no	ot view the body	after death.		DEGREE			22c DATE	SIGNED
detoched tote Dept LT: If Hen		7004		JAK	1.		ATTENDING		STAFF	18/18	efer.
old be det of the Stote ORTANT:	1	22d PHYSICIAN'S N	AME TYPE	OR PRINT)	Made.		22e ADDRESS	DIRECTOR PH	ITSICIAN LY	110/0	109
with the Stote		TAJNE	EM	LAKE	HANI		5401 01	D Crup	F RD,	· R	ANDALLSTO
₹ 3 ₹	23a I	BURIAL, CREMATION,	REMOVAL	23b DATE	12	3 NAME OF	EMETERY OR CREMATORY	234 LOCATION		NID	21133:
		Burial		10/20)/84	Lorrain	ne Park Cemete	ery Wood	llawn	COUNTY	Md.
NA 4/83	24 FI	INFRAL DIRECTOR					25g DA	TE REC'D BY REGIST	RAR 250 REGIS	PRARISISIGNA	Renda po
OM 4/83	148	30 Edmond	Russe	II C. Wi	tzke M	neral l	omes 21228 OC	T 1 9 198	4	CHANGO TON	Pollogo
		Journal and Market	J J 11	,		, , ,					



completely

corbonpopers. Poges

should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

MPORTANT: If Hem 21 is marked or Hem 18 shows any

injury, or other troumotic event, th

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL BY GIENE

CERTIFICATE OF DEATH

REGISTRAR	DAVID P.	BENDAN	N	CEICIT	TEATE OF BEATT		REG. NO),			
. DECEASED NAME	FIRST		MIDDLE	Ĺ	AST	2a. DATE O	F DEATH	MONTH DAY	YEAR	2b. HOUR	
(TYPE OR PRINT)	DAVI	n	P.	BE	NDANN	100	- 0.0	10/17	11987	4 11 48 AM	
3. SEX	-77	4 RACE		S. DATE C		6. AGE (IN)	TE ARS LAST BIRT		UNDER 1 YEAR		
Male		White		Sept	ember 5,1916	68		YRS	NIHS DAYS	HOURS MIN.	
M. BIRTHPLACE (STA	ATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9. BALTIMO	RE CITY OF	COUNTYO	FDEATH		
Maryland		U.S.A.		WIDOWE		Bal	timor	e Cor	unty	M	
O CITY OR TOWN O	F DEATH	11. NAME OF			OR OTHER INSTITUTION		OCCUPATION			OF BUSINESS OR	
Towson	1	STELL		15	HOSPICE	Owner	-Benda	working life)	INDUSTRY Gall	eries	
Maryland	13b COU		13c CITY OR TOW Baltimor	N	13d INSIDE CITY LIMITS? YES NO	13e STREET .	ADDRESS /	zip code Chapel	Gate	21229 Lane	
M. FATHER'S NAME Felix		MIDDLE	endann Sr		Is MOTHER'S MAIDEN NAM		WIDDLE		Sco	tt	
160 WAS DECEASED	EVER IN U.S. A	MED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMANT	- 4	1378	Midva	le Av	enue	
yes (# YES, GIVE WAR OR DATES) 220-05				371	W 1 D D 1				Md. 21228		
	DEATH (Fater o		tine for (a), (b), and	diei)						XIMATE INTERVAL	
PART I. DEA	TH WAS CAUS	D BY:	PROSTA		CANCER				BETWEEK	TONSET AND DEATH	
	IMMEDIA	TE CAUSE (o)	PROS / h	16	CHNEEK						
		DUE TO. O	R AS A CONSEQUE	NCE OF							
Conditions, if	ony which	(
gove rise to									1	-	
couse (o),		DUE TO, O	R AS A CONSEQUE	NCE OF					1		
underlying	couse lost.	((c)									
PART 2 OTHER	SIGNIFICANIT	CONDITIONS	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	AIN AL DISEAS	E OR CONI	DITION GIVEN	J IN PART I	(0)	
	C SIGNII ICANI	CONDITIONS C	ONTRIBOTING TO L	DEATH DOT	THO TREE TO THE TERM	III TAL DIGEAL	L ON COM	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
19a DATE OF O						100 0117	OBCV3	Teat IF VEC V	A/EDE EINIO	h loc uses	
5 19a DATE OF O	PERATION	196 CONDITION FOR WHICH OPERATIO			N WAS PERFORMED					VERE FINDINGS USED NG CAUSES OF DEATH?	
E						YES 🗌	NO	YES		NO 🗌	
210. ACCIDENT W	AS UNDERLYING	216. TIME C	OF INJURY		21c. HOW INJURY OCCUR	RED (ENTERN	ATURE OF INJUR	Y IN ITEM IB PAR	T T OR PART 2)		
OR CONTRIBUTING	G CAUSE OF DE	ATH HOUR A	M. MONTH DA	AY YEAR							
OR CONTRIBUTION [IF EITHER, NOTH 21d. IN JURY OF	Y MEDICAL EXAMINE	R) P	м.	19							
21d. INJURY OF	CCURRED		OF INJURY		211 LOCATION		CITY OR TON	MN	COUNTY	STATE	
	NOT WHILE	I AT HOME ST	REET, FACTORY, OFFICE, F	ARM, ETC)	SIKEEL		CIIIONIO			31.112	
AT WORK	AT WORK			4	100		10 11-		94		
22a.1 certify th	not (I) (this hosp	ital) attended th	e deceosed from_	011	19_17		OII	, 19	AT	, that (1) (we) los	
sow the d	eceosed olive o	ot) view the bady	ofter death	07.0	nd that in (my) (our) opinion	deoth occurre	ed on the do	te and hour a	and Irom the	e causes stoted	
22b. SIGNATUR		or view the body	oner death.	_	DEGREE				22c DAT	ESIGNED	
	105	0.06	· /	11	ATTENDING	MEDICAL	/STAF	F		In last	
	1	much	DI I F	4	PHYSICIAN [HYSIC	IAN 🗌	101	11184	
224 PHYSICIAN	N'S NAME (TYPE	OR PRINT)			22e ADDRESS						
K. F.	AULKA	DER	M.D.		Stella Mari	s Hosp	ice,To	owson,	Md.	21204	
230 BURIAL, CREMA	TION, REMOVA	23b. DATE	23c. 1	NAME OF	EMETERY OR CREMATORY	23d. LOC	ATION Y OR IOWN		COUNTY	CTATE	
Burial		10/19	/84 Lo	rrain	e Park Cemete	ry Wo	od lawr		COUNT	Md.	

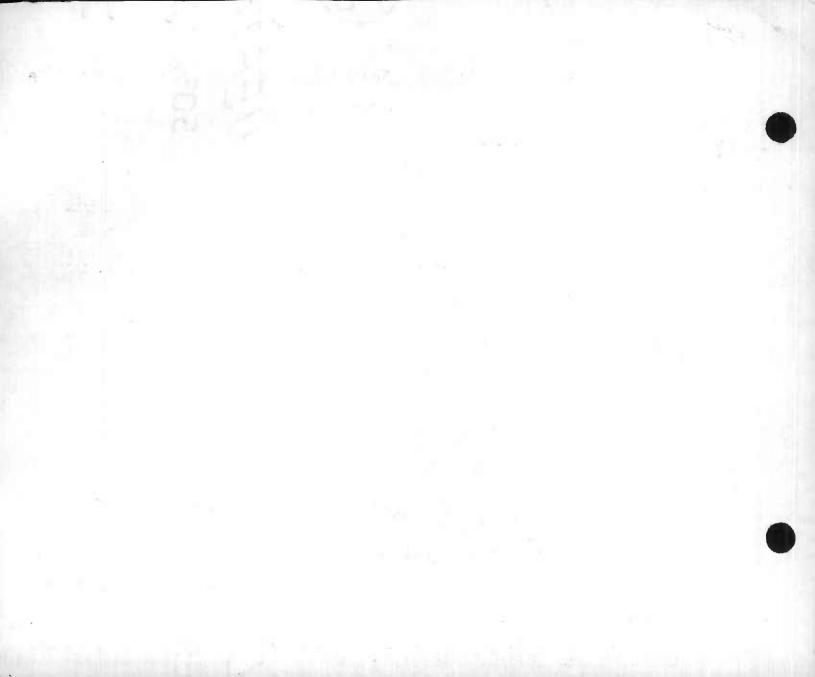
DHMH - 16 50M 4/83 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR:

Leroyam. & Russell C. Witzke Funeral Homes P.A. 1630 Edmondosn Avenue, Catonsville, Md. 21228

250 DATE REC'D. BY REGISTRAN 2510 REGISTRAN'S SIGNATURE

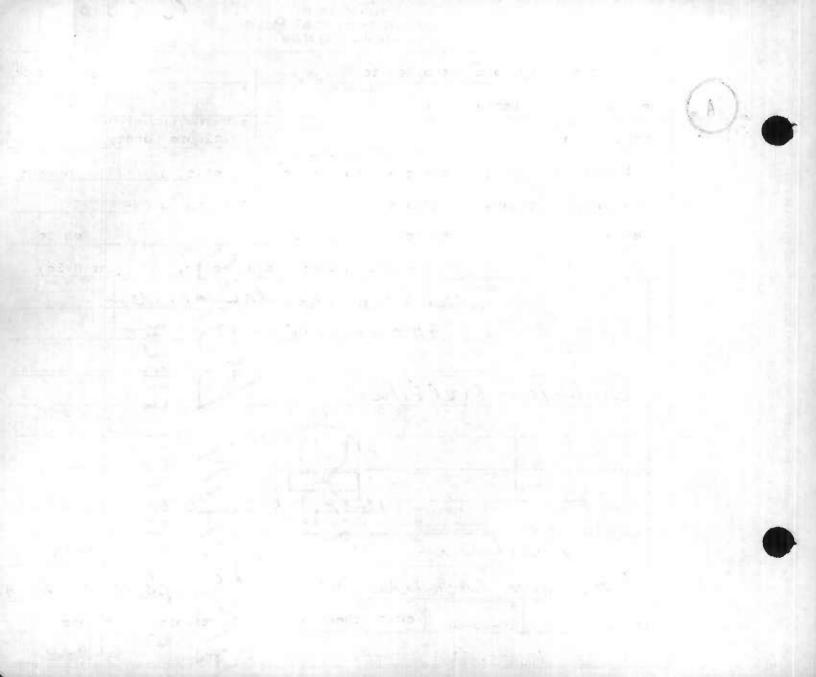


Wm C March F/H Inc. 1101 E North Avenu

W. PRESTON ST., BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS,

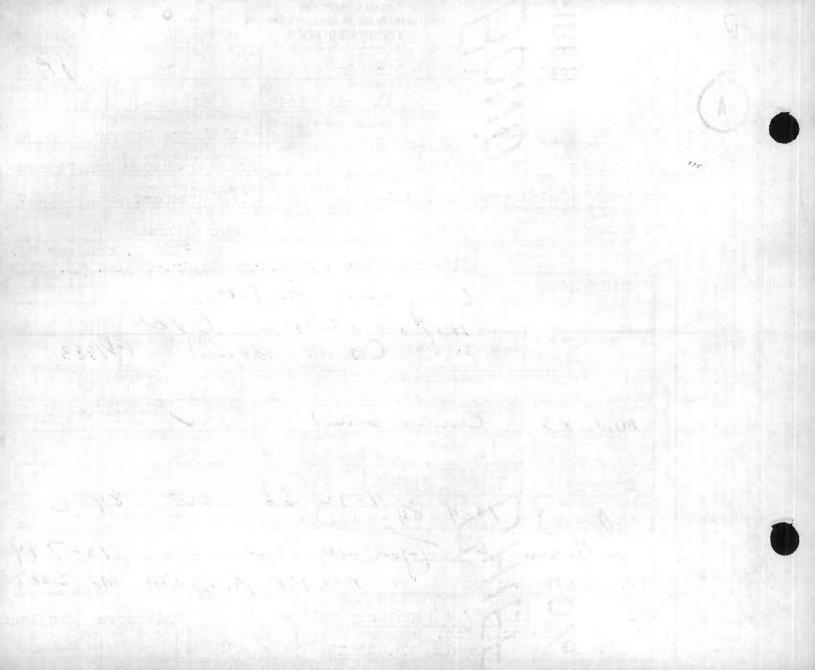
(VR A 15 (4))



-1	1.	FOR	DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL TY	GIENT 2 6 3	6. /			
1	1'	- STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.						
1.		ECEASED NAME FIRST	MIDDLE	TAST A -	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR			
0 00		Juanita		Benson	10-1-8	- 111			
rs off	3. S	Female	Black	5. DATE OF BIRTH MONTH A A A A A A A A A A A A A	6. AGE (IN YEARS LAST BIRTHDAY) 43 YRS.	MONTHS DAYS HOURS MIN.			
Poor in	70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	TE CITIZEN OF WHAT COU	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH			
n 72	/	S.C.	U.S.A.	WIDOWED DIVORCED	Battimore	Co, a MD.			
1	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	TURSING HOME OR OTHER INSTITUTION E STREET ADDRESSI	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	126. KIND OF BUSINESS OR INDUSTRY			
0 /	a IIS	TITESUILLE.	15 KOLVYCU	EBERDE ADMISSIONED					
and the second	130	STATE 136 COUN	ITY 13c CITY/O	RIDWN 134 NSIDE CITY LIMITS? YES F3 NOXX	130 STREET ADDRESS	ts Br 21208			
2 sh	5/14.	FATHER'S NAME	MIDDLE LA	15. MOTHER'S MAIDEN NA	AME	TZAI			
ond key		Wallace,	Ca	ntu Sue		Hoore.			
Jico	160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIA	SECURITY NO. 17. INFORMANT	ADDRESS	1 1 1 1			
medica		No	220-	18-6805 Ruby Wil	liams 3413	Liberty Hats the			
the the		18 CAUSE OF DEATH (Enter an	ly ane cause per line far (a),	0		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
moval.		PART I. DEATH WAS CAUSE	E CAUSE (a)	bias Horst					
ar re		MMEDIA	DUE TO, OR AS A ON	SECULENCE OF	/				
otion, or troumatic		Conditions, if any, which		eunitia. Em	a lun cluis	V - I - minimum line			
r tro		gave rise to immediate cause (a), stating the	10)						
othe		underlying cause last.	DUE TO, OR AS A CON	SEQUENCE OF	- Insulhice	ens			
0		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR ANDITION OF	VEN IN PAT III			
jory	Z		ONDITIONS COMMODIA	STO DEATH BOTH OF RELATED TO THE TEX	MINAL DISEASE OF THE MINES OF				
ony	F	190 DATE OF OPERATION	19b. CONDITION FOR V	VHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED			
WS C	1 8				IN CERTI	FYING CAUSES OF DEATH?			
sho	CERTIFICATION	710. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	71r. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 21			
8 6	400		TH HOUR A.M. MONT	H DAY YEAR	TENTER THE ONE OF THE OWN THE MEM TO				
T He	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M. 21e PLACE OF INJURY	19 211 LOCATION					
rked or	AEC	WHILE NOT WHILE	(AT HOME STREET, FACTORY,		CITY OR TOWN	COUNTY STATE			
orke		AT WORK		6//					
is a		220.1 certify that (1) (this hospi	toth extended the deceased		4. 10 000	19, that IV (we) last			
121		above to we) (did) (aid no	view the body after death.		death occurred an the date and ho				
t he	1	27h SIGNATURE	1000	DEGREE	t ucolou crass	22c. DATE SIGNED			
		Recot	a 156		MEDICAL STAFF DIRECTOR PHYSICIAN	10-2-84			
MPORTANT		HE PHYSICIAN'S NAME (TYPE O	0 0	27e ADDRESS	0 11 11 -				
IMPORTA		MAROLD	15, BU	113 1220	lank theyh	D 21208			
> ≤		BURIAL, CREMATION, REMOVAL	23b DATE	23c NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTAL STATE			
		Cremation	10/5/84	Westview Mem. Pl	k. Catonsvill	e, Ma.			
4/82	24	FUNERAL DIRECTOR	40	250 DA	TE REC'D. BY REGISTRAR 256 REGIS	TRAR'S SIGNATURE			
)		Wm C March F/	H, Inc. 11	01 E. North Ave 00	1 5 1984 Lie	zurdson-Mandale			

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STATE OF MARYLAND



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IVISION OF VITAL RECORDS, 201 W. PRESION 51., BALLIMORE, MARTICAING 21.201	GO PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 may b attending physician.	ter this certificate has been signed by the ottending physicion and completely tilled in by the funeral disciplinations to be supported by the burial-transit permit. Then please remove carbon papers. Pages (Tand 2 should be fined within 72 hours absolute
5	¥ P	S
2	P e	h +
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL ATGIENE CERTIFICATE OF DEATH

O8

DIVORCED

NO [

Miriam

13d INSIDE CITY LIMITS?

YES X

17 INFORMANT

Jacob

5 DATE OF BIRTH

WIDOWED

ERG M

I L. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

NOW WORK

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

19

MONTH DAY YEAR

TILLICA

13c. CITY OR TOWN

eramann

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1

Baltimore

REG NO 2a. DATE OF DEATH MONTH DAY YEAR 2b. HOUR 0-IF UNDER 24 HRS 6. AGE (IN YEARS LAST BIRTHDAY) 9 BALTIMORE CLTY OR COUNTY OF DEATH MARRIED NEVER MARRIED OUNT 120 USUAL OCCUPATION 17h KIND OF BUSINESS OR LITYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Tailor CLOThing 13e STREET ADDRESS / ZIP CODE 3601 Fords La. 15. MOTHER'S MAIDEN NAME MIDDLE Bergmann-4215 Nadine APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OF TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

77h SIGNATURE 774 PHYSICIAN'S NAME (THE OFFEND) 23a BURIAL, CREMATION, REMOVAL 23b. DATE

plive on.

22a.1 certify that (Linibia hasaital) attended the deceased from

23c NAME OF CEMETERY OR CREMATORY Balto Hebrew Belgir

ADDRESS

DEGREE

211 LOCATION

STREET

ATTENDING

23d LOCATION

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

ITIMORE. THE BAR 25% REGISTRAR'S SIGNATURE

22c DATE SIGNED

24 FUNERAL DIRECTOR

FOR - STATE

In BIRTHPLACE

130 STATE

CERTIFICATION

MEDICAL

š

00

0

morked

-

ould be deto be deto

14 FATHER'S NAME

(YES, NO OR UNKNOWN)

NO

3. SEX

REGISTRAR

AUSTria

CITY OR TOWN OF DEATH

ER NARI

COUNTY

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Conditions, if ony, which

gove rise to immediate couse (a), stating the

underlying couse lost

190 DATE OF OPERATION

21d INJURY OCCURRED

Burla

WHILE

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

LIE EITHER NOTIFY MEDICAL EXAMINER

NOT WHILE AL WORK

MIDDLE

(IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (o)

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)

4 RACE

Th CITIZEN OF WHAT COUNTRY?

DECEASED NAME (TYPE OR PRINT)

brew Memorial F.H.-1100 Reisterstown Rd

MD 2/208

Bastimoras

10/10/84

216 TIME OF INJURY

P.M.

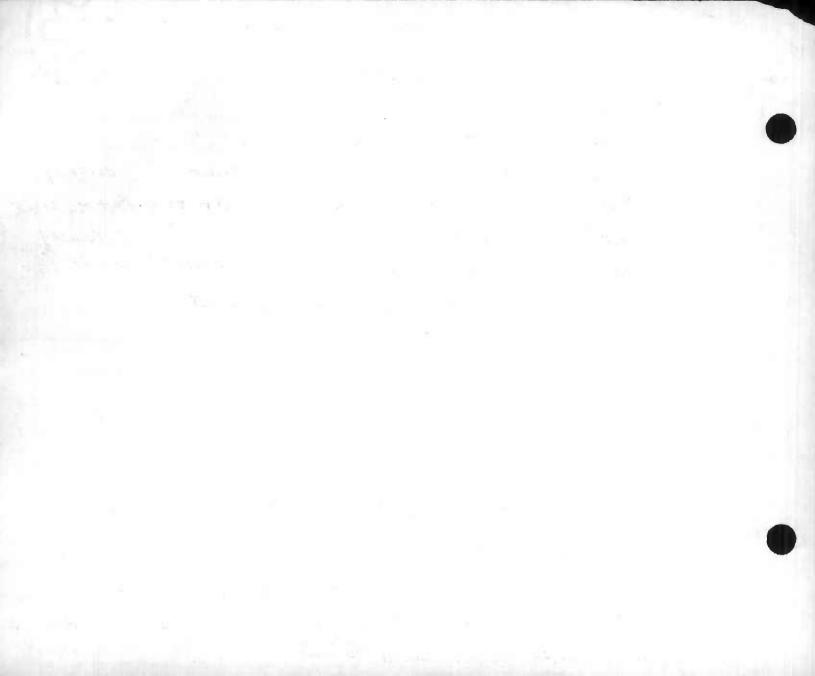
21e PLACE OF INJURY

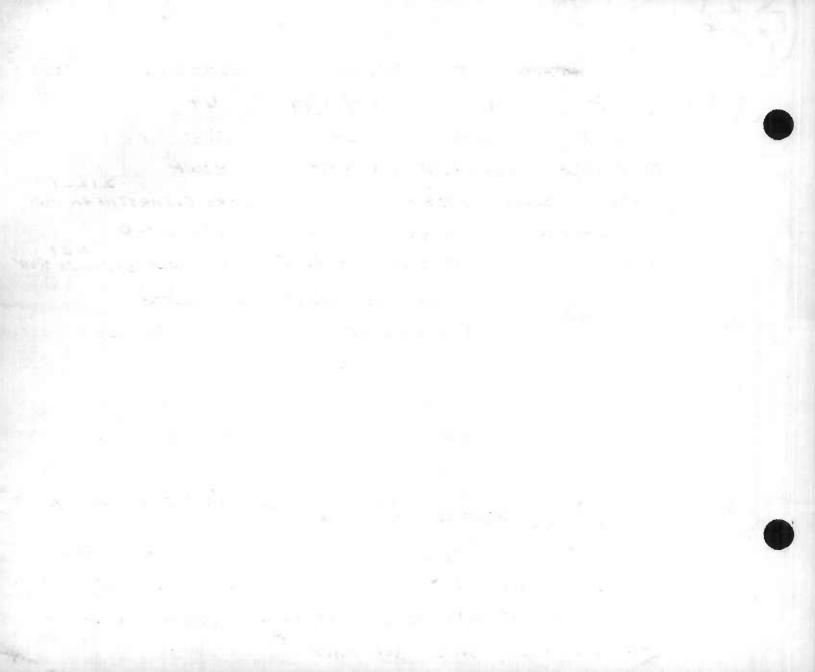
HOUR A.M.

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

FUNERAL DIRECTOR:





within 24 hours after death. Page 4 may be

STATE OF MARYLAND RE

1 -	FOR STATE REGISTRAR			DEF		EALTH AND MENTAL PAY	GIENE REG. NO	O 2.			
	CEASED NAME	FIRST	٨	AIDDLE	ľ	AST	20 DATE OF DEATH	MONTH D	YEAR	26. HOUR	_
TITPE	OR PRINT)	osina		М	REUT	GEN	October 31	, 1984	1	8:00A	М
3. SE			RACE		5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 MR	
	Female		Whit	e	Fe	b. 27 1912	72	YRS	ONIHS DAYS	HOURS - MI	۷.
	RTHPLACE STATE OF	FOREIGN A 76	CITIZEN OF	WHAT COU	NTRY? 8	NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH		
1	Germany	/	U.S	.A.	WIDOWE		Baltimore	County	,		MD.
10 CI	Rossvill				IURSING HOME C	PROTHER INSTITUTION	TYPE OF WORK FOR MOST OF HOUSEWIT			home	R
13a. S	AL RESIDENCE (IF NUR. STATE Md.	AE OR O		13c. CITY OF	e before admission) r town imore	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS		a.21	206	2
14 FA	ATHER'S NAME	MI	DDLE	LA	ST	15. MOTHER'S MAIDEN N	I AME MIDDLE		LAS	GT .	
F	Edward	1	1.	Bro	own	Maria		Predi			
	WAS DECEASED EVER		ED FORCES?	166 SOCIAL	L SECURITY NO.	17 INFORMANT	ADDRE	SS			Т
	no	(11 123, 0112		219-32	2-7302	Matthias 1	Beutgen 40	504 He	llwig l	Rd.	
	18 CAUSE OF DEAT	H (Enter only	one couse per	line for (a),	(b), and (c).)				BETWEEN	MATE INTERVAL ONSET AND DEAT	н
	PART I. DE ATH V	MAS CAUSED	CALICETON	Cardio	respirat	ory Arrest,	Probable Cen	tral			
			DUE TO OF	R AS A CON	SEQUENCE OF	Nervous Syst	em Shut Down				
	Conditions, if any		((b) L	enner	t's Lymp	homa				10	
	gave rise to im couse (a), stati		DUE TO, OF	R AS A CON	SEQUENCE OF						
	underlying cause	e last.	(c)								
N	PART 2 OTHER SIG	nificant co	nditions <u>co</u>	ONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE OR CON	DITION GIVE	EN IN PART 1	a ·	
ATI	19a DATE OF OPERA	TION	196 CONDI	TION FOR V	VHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		, WERE FINDI		
IIEIG							YES NO X	IN CERTIFY	YING CAUSES	OF DEATH?	
CERTIFICATION	71a. ACCIDENT WAS UN		216. TIME O			21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART I OR PART 2)		_
	OR CONTRIBUTING		HOUR A.		H DAY YEAR						
MEDICAL	21d INJURY OCCUR		21e PLACE	OF INJURY		71f LOCATION	CITY OR TO		COUNTY	STATE	_
W	WHILE NOT W	HILE	(AT HOME, STR	EET, FACTORY C	OFFICE, FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE	
	220 I certify that a		Octobe	e deceased		inber, 15 _{, 19} 8 and that in (1) (our) apinio	, 10			that (we) le	ast
	abave, () (we) (did) (did(not)	view the body	ofter death.		DEGREE			22¢ DATE		—
	1400	" NI	Jok	11	111	ATTENDING	MEDICAL STA		101	12,103	1
	22d. PHYSICIAN'S N	AME (TYPE OR I	PRINT)	390	1 11	PHYSICIAN 17e ADDRESS	DIRECTOR PHYSIC	IAN 🔄	10/	21/8/	
	711		tzer, l	M.D.			nklin Square	Dr.	21237		
	BURIAL, CREMATION		23b. DATE			EMETERY OR CREMATORY	734 LOCATION		COUNTY	STATE	
	Buria.	L	11-3-	84	Oaklav	VIO.	Baltimo	re	1	Md.	

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTORetained by the haspital

IMPORTANT: If Hem 21 is

After this certificate has been signed by the attending physicion and eas the buriol-transit permit. Then please remove carbon papers. Pages

injury, or other troumotic event,

should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. at Health and Mental Hygiene prior ta burial, cremation, ar remaval.

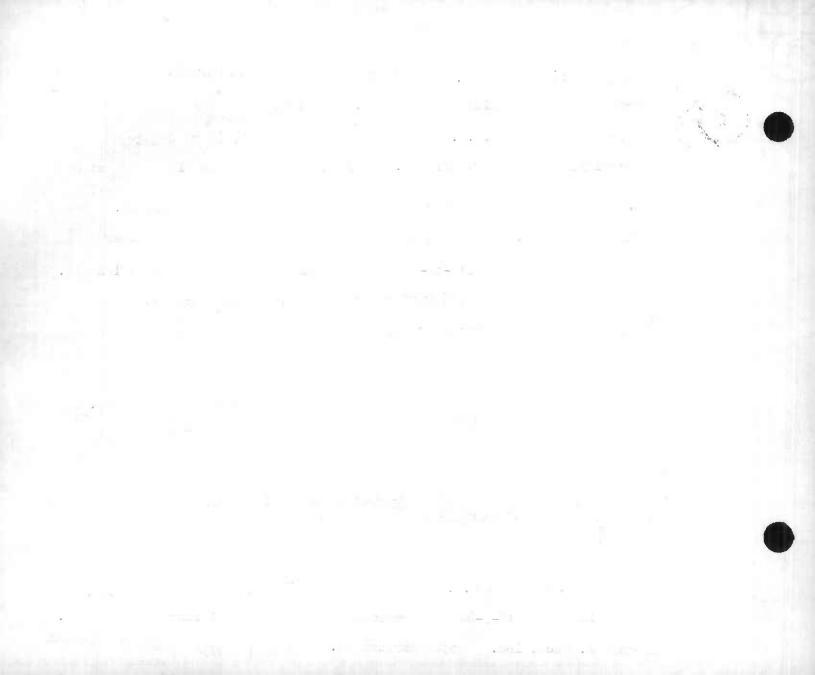
24 FUNERAL DIRECTOR Leonard J. Ruck, Inc.

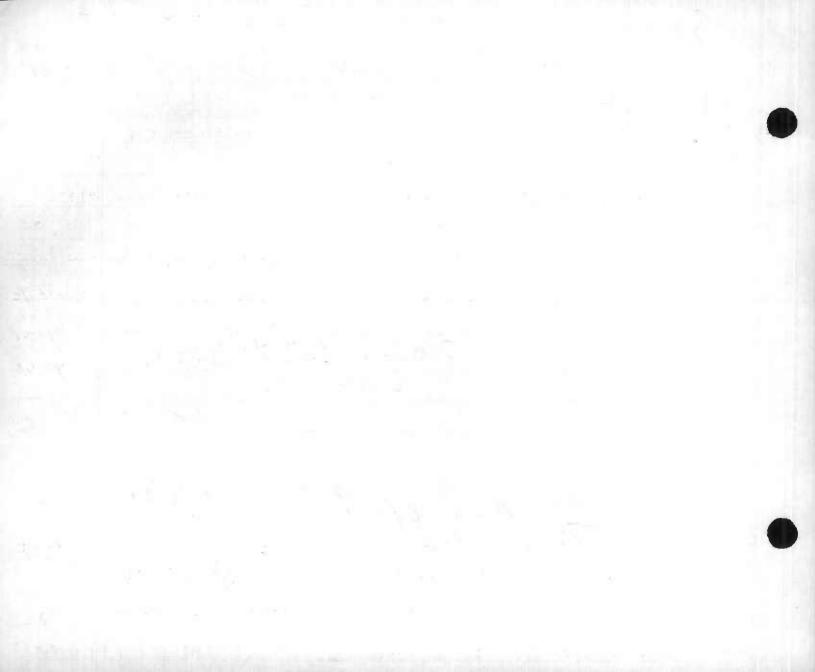
5309 Harford Rd.

25e. DATE REC'D.

NOV

1084 REGISTRARISSIS REGISTRAR'S SIGNATURE OR

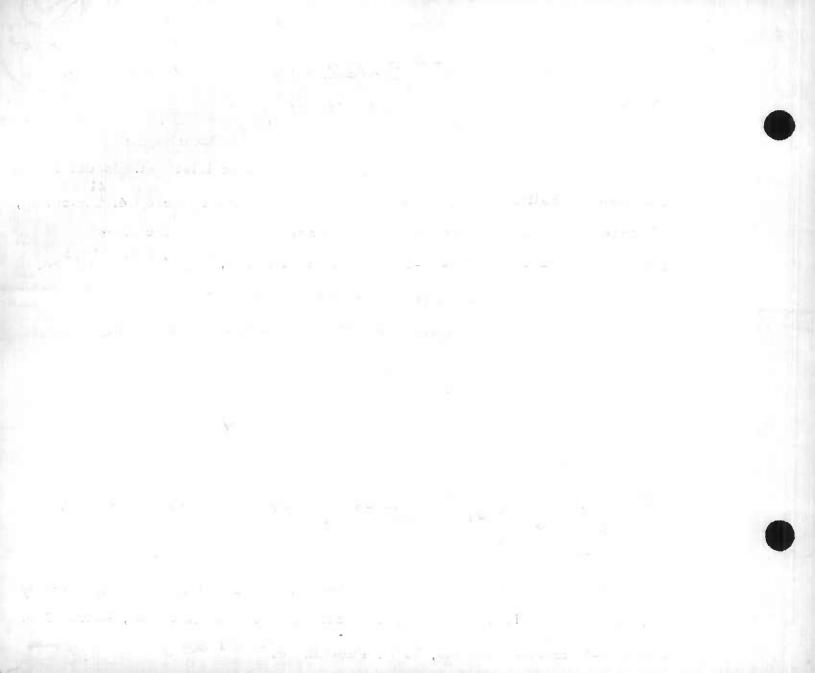




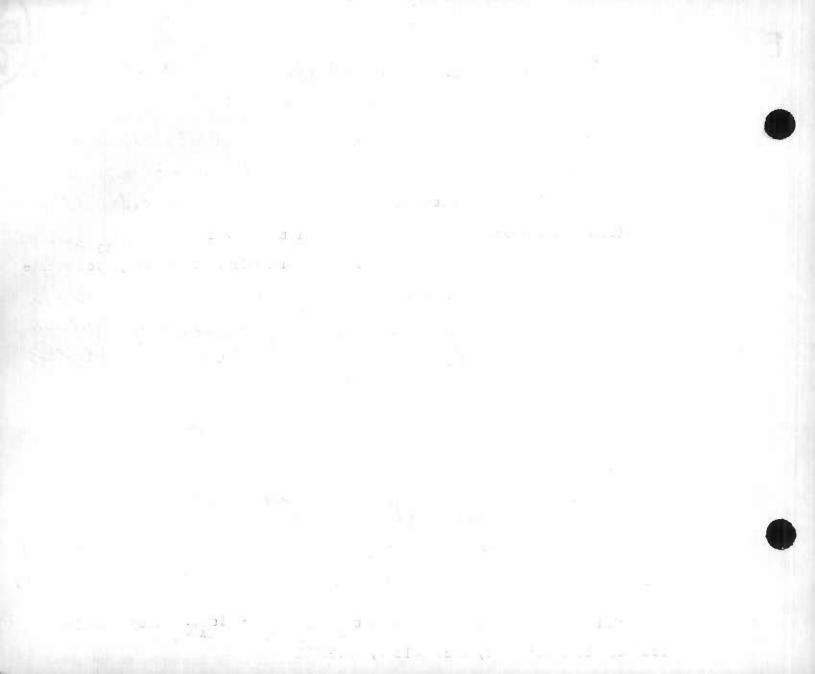
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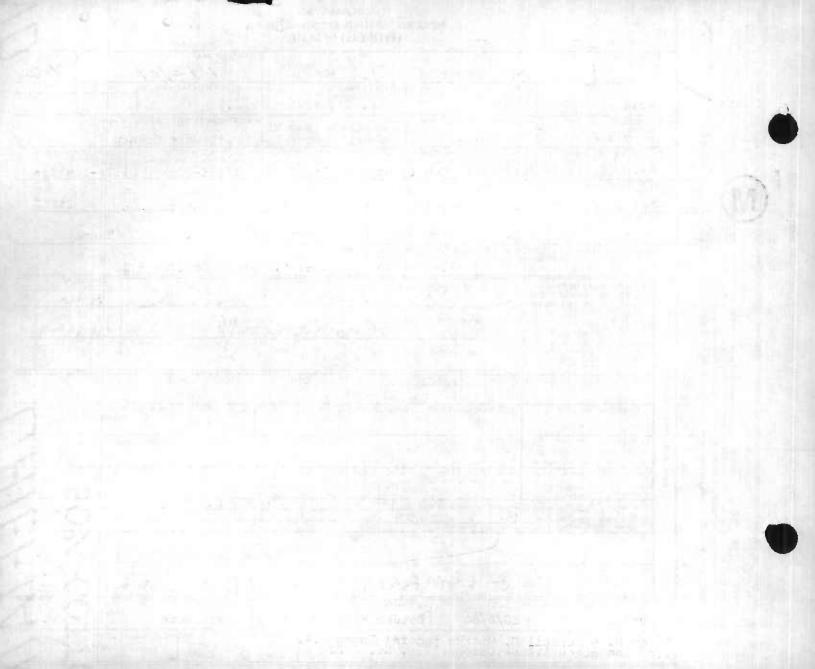
DIVISION OF VITAL RECORDS, 201

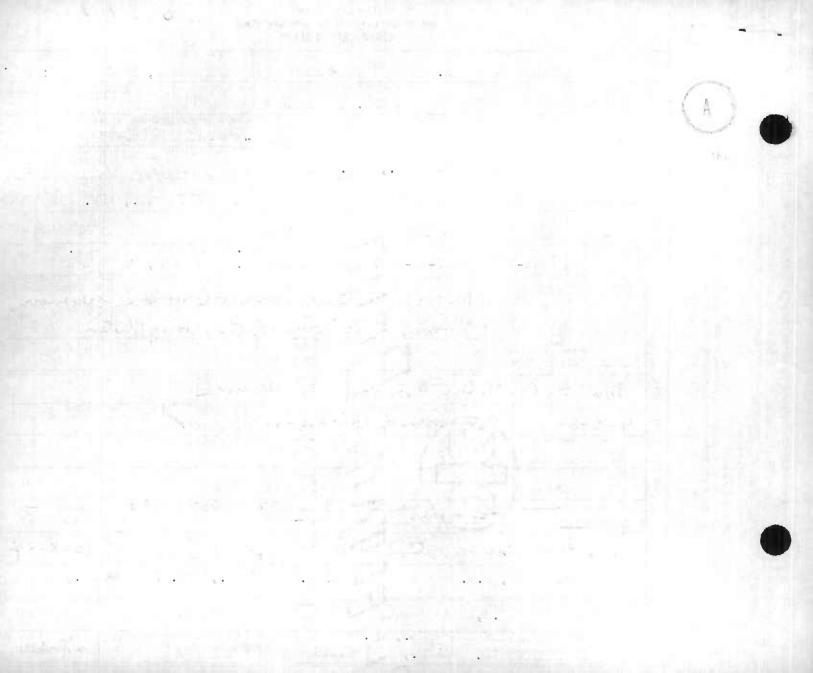
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DIVISION OF VITAL RECORDS







_4		FOR STATE REGISTRAR	1/15/0	DA GP	DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTACHYO ICATE OF DEATH		2 6 2 REG. NO.	2 / 8	
		CEASED NAME	FIRST	-	AIDDLE	l	AST	2e. DATE OF DE	ATH MONTH	DAY YEAR	2b. HOUR
nay be page 3	(1176	Cha	arles		R.	Вое	esche	Oct. 2	6, 198	4	1;15P _M
e 4 ma) ctor, po	3. SE	Male	4.1	RACE Whit	e	S. DATE C		6. AGE (IN YEAR	LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
nerol dire		RTHPLACE STATE OR FO	REIGN 76.	CITIZEN OF	WHAT COUNTRY?		NEVER MARRIED	9. BALTIMORE	CITY OR COUN		ld. MD.
s offer d	10. C	TY OR TOWN OF DEAT Sevenson	Н 11.	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET a Julie	ADDRESS)	Lege	126. USUAL OC (TYPE OF WORK FO Mair	CUPATION R MOST OF WORKING L tancem	LIFE INDUSTRY	F BUSINESS OR
y filled in by h should be filled or must be poli	136. 3	Md.	G HOME OR OTH 36. COUNTY Bal		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Steve:	N	13d. INSIDE CITY LIMITS?			Colleg	e 21153
mpletely on the state of with	14, FA	Oliver	MID	DIE	Boesc	he	15. MOTHER'S MAIDEN NA	AME	Wilso	n LAS	
ond col	16a. V	VAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARME	D FORCES?	216-05		17. INFORMANT		ADDRESS		od,Md.
ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours rattending physician. Wher this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill this and Mental Hygene prior to burial, cremation, or removal. acted or them 18 shows any injury, or other traumatic event, the medical examiner most bear and a content of the medical examiner.	NO	Conditions, if any, gave rise to imme cause (a), stating underlying cause PART 2. OTHER SIGNI	the lost.	(c)	R AS A CONSEQUE		NOT RELATED TO THE TER/	MINAL DISEASE C	DR CONDITION G	GIVEN IN PART 110	3
he law ra on. has been permit.	CERTIFICATION	190 DATE OF OPERATI	ON		ALIGNAL		N WAS PERFORMED	20a. AUTOPS	HI CER	YES, WERE FINDIN TIFYING CAUSES YES [
PHYSICIAN: T ending physics this certificate to buriol-transi ad Mental Hygi	MEDICAL CER	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA 21d. INJURY OCCURRE	AUSE OF DEATH AL EXAMINER)	P. 21e PLACE	M. MONTH DA M.	19	211. LOCATION STREET		E OF INJURY IN ITEM 11	8 PART I OR PART 2) COUNTY	STATE
OR ATTEND on hospital or DIRECTOR. A coched for use oched for use Dept. of Head	~	22a.1 certify that (1) (saw the decease abave, (1) (we) (di 22b. SIGNATUR	this hospital)	ottended th	e deceased from_	a	nd that in (my) (aur) opinion DE GREE ATTENDING PHYSICIAL	death accurred a	in the date and h	our and from the c	, , ,
O HOSPITAL efoined by th TO FUNERAL should be detre with the Store MAPORTANT: P		22d. PHYSIC JOYAN	ATA	m F	men		22a ADDRESS	sler		2/2	04
BP	В	BURIAL, CREMATION, R ISPECIFY) UPIAL		23b. DATE 10/29			emetery or crematory n Park Cem.	23d. LOCATION B	_{row∾} altimor	county e Md	STATE
DHMH - 16 50M 4/82		ineral director	ral H	lome	Reiste	rsto	Wn Md 256. DA	TE REC'D. BY REG	QA Julia	Day don-	fandelle

1	1,	FOR STATE REGISTRAR	DEPA	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL CATE OF DEATH	IYGIÉNE REG. NO	627	9
£ 43	I. DE	CEASED NAKEA Sister	r M. Theophan	ie	ST	20. DATE OF DEATH	MONTH DAY	984 2b. HOUR
6.0	3. SE	Agne	es Joseph Tarace	ine B	Орр	6. AGE (IN YEARS LAST BIR		
(Land		emale	White		$ch 6^{\circ} 18^{\circ}$	0.0	MONTHS YRS.	DAYS HOURS
14	e -	RTHPLACE (STATE OR FOREIGN COUNTRY) New York	76. CITIZEN OF WHAT COUNT USA	TRY? 8 MARRIED WIDOWE	NEVER MARRIED	Baltimore City o	-	
1	10 C	Towson	11. NAME OF HOSPITAL, NU I FNOT IN SUCH FACILITY GIVES Mission Hel			12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O Nun	FWORKING LIFE) INDI	KIND OF BUSINE USTRY eligious
filled in ould be in the filled in the fille	M	ALRESIDENCE (IF NURSING HOME OF STATE 13b COU aryland Balt	or other institution, give residence end in the control of the con	TOWN	136. INSIDE CITY LIMITS	? 130. STREET ADDRESS 1001 W. J		
and 2 sh	1	ATHER'S NAME FIRST Vendelin	MIDDLE LAST Bop		15. MOTHER'S MAIDEN Bertha	NAME	Z	iegler
ond con oges I	# 16a.	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIALS	SECURITY NO.	17. INFORMANT	nt Records, 1	SS	
the navied ones may make be con- tion. The been signed by the attend to permit. Then please remove co green prior to buriol, cremation, co	CERTIFICATION	190 DATE OF OPERATION	DUE TO, OR AS A CONSI	EQUENCE OF	NOT RELATED TO THE T	ERMINAL DISEASE OR CON 200 AUTOPSY? YES \(\text{YES} \(\text{NO} \text{NO} \)	20b. IF YES, WERE IN CERTIFYING C	FINDINGS USED AUSES OF DEAT NO
for the state of t	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	EATH HOUR A.M. MONTH	DAY YEAR 19	21c. HOW INJURY OCI	CURRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR P	ART 2)
d d h h	MED	WHILE NOT WHILE AT WORK AT WORK	(AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	STREET	CITY OR TO		INTY S
ATTENDING spiral or off CTOR: After d for use as to t of Health o	0.	sow the deceased alve obove (1) we) (did) (did n	oital) attended the deceosed from CTOBER 26 tot) view the body after death.	19 <u>84</u> , on		ion death accurred on the de	ote and hour and fro	am the causes sta
TO HOSPITAL OR retained by the he TO FUNERAL DIRE should be detached with the State Dept MPORTANT: If her	4	224. PHYSICIAN'S NAME (TYPE	CRANINI) -: SAVADEL		220. ADDRESS	MEDICAL STAIN DIRECTOR PHYSIC		MD 212

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		CEASED NAME E OR PRINT)			MIDDLE	-	[ASI	C.	OF	KNOWN ESTI-	-		26 HOUR
	3. SE)	Male	Walt Mace White	Jan. 3,	1946 AGE (IN YI	ARS IF UN		FUNDER 24	•	E NCED	LO/22/8	YEAR	26 HOUR 8:30 P M
)	70 B	RTHPLACE (ST		76 CITIZEN OF WH		1.		/ER MARRIED DIVORCED		-	County of		MD.
20	10 C	TY OR TOWN	OF DEATH	(IF NOT IN SUCH FAC	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS) abird Ave.	E, OR OTH	ER INSTITUT			PATION (TYPE	E OF WORK 12b. K	IND OF BUS OR INDUSTR	SINESS
6	13a. S		IF IN NURSING HOME		E RESIDENCE BEFORE ADMISS 131. CITY OR TOWN Dundal	ION)	13d. INSIDE CI	TY LIMITS? 13	6814 B	oston	Ave.	2122	2
20	14 F	Jöhn		T. B	awroski		Ma	R'S MAIDEN I	NAME ,	MIDDLE		omsk:	
1	16a. \	VAS DECEASEI ES, NO, OR UNKNO NO	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)	212-56-6		17. INFORM		awrosk	ADDRESS	4 Bost		1222 ve.
201	7	Candition gave ris cause (a) lying cau	is, if any, which e ta immediate stating the under- se last.	(b) (c) (c)	Inhalati AS A CONSEQUENCE AS A CONSEQUENCE UT NOT RELATED TO THE TER	OF OF							
J PKIOK IO BUKIAL, CK	CERTIFICATION	19a. DATE OF	OPERATION	196 CONDIT	ION FOR WHICH OPE	RATION W	'AS PERFOR	MED?			20	AUTOPSY?	NO [
7	MEDICAL CERT	UNDERLYING CONTRIBUTION	NG CAUSE OF	DEATH 1:30.M.	L0/22/ 19 8	§4 sı	bject		enter nature of the		PART I OR PART 2)	123 /	110
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BALLMORE, MARYLAND, 21201		220 I certification death results		and the same of th	ribed abave, held an	Autop		PECIFY)	, Inquiry Undetermined m	anner .	DATE SIGNED	10/23	3/84
LIMOR		EXAMINER'S (TYPE OR PRI	NAME GY	egory R. K	Kauffman, M				Penn St.				
8	(Buri		10/26/8L	23c NAME OF CE			DRY :	23d LOCATION CITY OR TOWN	Balti	imore,	Md.	ATE
7		UNERAL DIRECT			e of Dunc	lalk			D. BY REGISTR.	AR 256 REGI	ISTRAR'S SIGNA	TURE	

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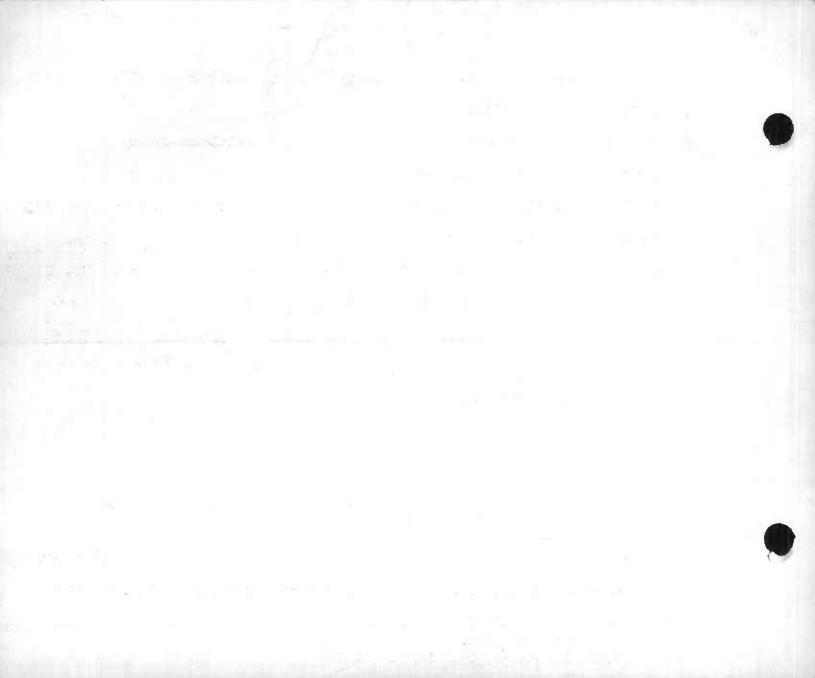
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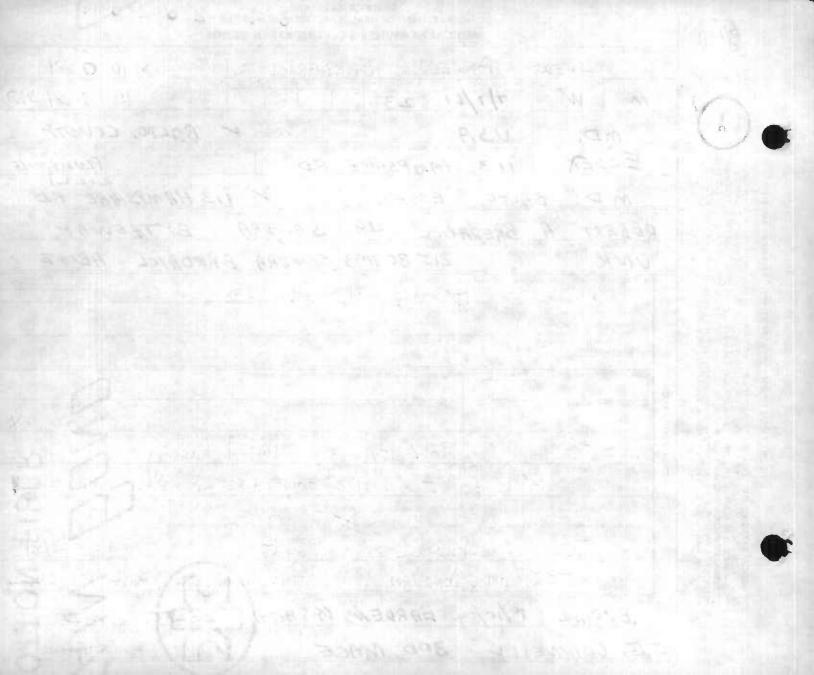
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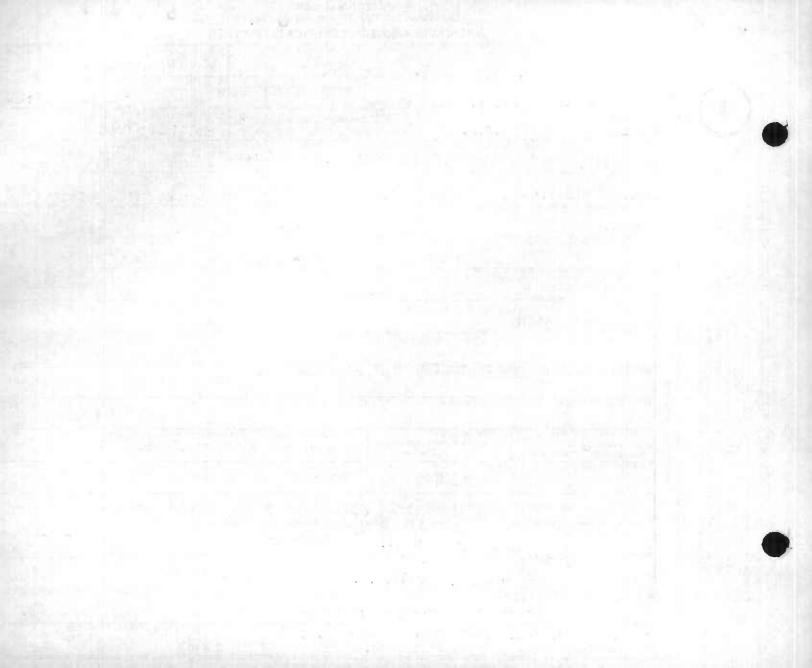
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAPHYGIERE



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PLASE CTOR. PLES. TREET,	3 SE)		S. DATE OF BIRTH	& AGE (IN YEARS IF	UNDER 1 YR. IF UNDER	24 HRS. 2c. DATE	MONTH DAY YEAR 24 HOUR
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68 % A 50 VC	7a BI	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COU	NTRY? 8 MA	RRIED NEVER MARE	RIED P BALTIMORE CIT	Y OR COUNTY OF DEATH
Zarra D	110.6	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI	TYPE OF WORK 12b. KIND OF BUSINESS			
A STATE OF	10. C	ESSEX	(IF NOT IN SUCH FACILITY, GIVE		THER INSTITUTION	120 USUAL OCCUPATION (FOR MOST OF WORKING LIFE)	OR INDUSTRY PLUMBING
P S S S S S S S S S S S S S S S S S S S		AL RESIDENCE (IF IN NURSING HOME C	OR OTHER INSTITUTION, GIVE RESIDENCE		112.		21221
AD. 21201 1. IF ANY DEL 2. AND 3 TO 2. SHOULD BE PECORIS	13a. S	M P 136. COUN	ALTO B. CIT	SSEX	YES NO		PSHIRE RD
E, MD. 2 ATH. IF SN. 2, PM. 3. VD 2 SH	14. F/	ATHER'S NAME	WIDDLE	IAST	IS MOTHER'S MAID	FN NAME	last.
DEE, MU DEATH. GES 1, OF VITA		ROBERT A	BREDARIO	L JR.	- 17	RA BY	THEWAY
IMO PAGES 1.		VAS DECEASED EVER IN U.S. ARI	MAR OR DATES)	CIAL SECURITY NO.	17. INFORMANT	ADDRE	1 D = 100
T., BALTIMORE, MD. URS AFTER DEATH. II S. GIVE PAGES 1, 2, WITH FORM PM 3, WITH FORM PM 2, S. E. DIVISION OF VITAL		VIVK	Z1.	77	3 SANDRI	9 BKEDAIC	L HOOVA
ST., J		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	ly one couse per line far (a), (I D BY:	40	miller.	TATA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST TITHIN 24 HOU CIL IN ITEM 1. VER ALONG ANSIT PERMI AL HYGIENE, REMOVAL.	11	IMMEDIA	(DUE TO, OR AS A CO	1	Maca	108 /1	
HIN HIN ER AI NSIT	-	Canditions, if any, which	41				
, 201 W. PREGUTE WITHIN IN PENCIL IF EXAMINER . TRIAL TRANS ID MENTRA ID MENTRA ION, OR REM		gave rise to immediate cause (o) stating the <u>under-</u>		NSEQUENCE OF			
CUTED IN PER EXAM.		lying cause lost.	(c)				
SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DESHOULD BE EXECUTED WITHIN 24 HOURS AFTER DESHOULD BE EXECUTED WITHIN 24 HOURS AFTER DESHE MEDICAL EXAMINER ALCONG WITH FORM E USED AS A BURAL-TRANSIT PERMIT PAGES 1 AFT OF HEALTH AND MENTAL HYGIENE, DIVISION OF URIAL, CREMATION, OR REMOVAL.	7	PART 2 DIHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DIS	EASE OR CONDITION GIVEN IN P	ART 1 (a)	
MED BE SEND ASS. CRE	CERTIFICATION	190. DATE OF OPERATION	19h CONDITION FOR	WHICH OPERATION	WAS PERFORMED?		20. AUTOPSY?
SHOULD ORD "PE CHIEF A TOF HE	FICA	THE DATE OF OFERATION	170 CONDITION TO	WINCIPOLENATION	WASTERI ORMED.		YES NO NO
BIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD RED TO THE CHIE E 3 SHOULD BE USE T DEPARTMENT OF PE TO PRIOR TO BIRLA	ERT	210 EXTERNAL CAUSE WAS	216 TIME OF INJURY	210	HOW INJURY OCCUR	ED, (ENTER NATURE OF INJURY IN ITEM	
PI PER	ALC	UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.M. (O		Self-infli	cted hanging	4
IVISIO GERTI TING DED 1 3 SH DEPA I PRIC	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJUR	Y (AT HOME, 211	LOCATION	CITY OR TOWN	COHNEY STAN
#34845	2	AT WORK AT WORK	HOME	1	13 HAMPS	HIRE RD. BI	4LTO. COM . 2122
JER: THI CATE, W FORWA OR: PA(ND, 213		22a I certify that I took charg	ge of the remains described ob		tapsy . Inspection	on . Inquiry .	ond in my opinion
MIN PERSONAL YLAN		death resulted from: Natur	ral causes , Accident	, Suicide	Homicide .	Undetermined manner].
CGER WAR		ACTUAL TO LON	dan O'Donor	76	PARTE (SPECIFE)		DATE 10/7/84
MEDICAL CUTE THE SE 4 SHO FUNERAL JIMORE,		SIGNATURE	VENN C GOTODO		M.D	MEDICAL EXAMINER	SIGNED
MED AND		EXAMINER'S NAME JC (lossian C'llon.	OVAN	ADDRESS ZII2	Dundalk Ave.,	Balo, Md. 21222
TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PATER DEATH, WITH THE ST. BALLIMORE. MARYIAND. 2.	23a.B	URIAL, CREMATION, REMOVAL	136 DATE 236.	NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP	-	BURIAL	10/10/04 1	PARDEN		H BALTE	, MD
DHMH - 17	74 F	UNERAL DIRECTOR	ADDRESS	00 1	250. DATE	REC'D. BY REGISTRAR 256 RE	EGISTRAR'S SIGNATURE
(VR A15 ME (5))	9	DI COIVNE	thy 3	00 Mt	ICE JULI	1 0 1984 Flow	a Davidson-Pandalle





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(VRA 15, 4)

- STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT ALL HYGHENE

CERTIFICATE OF DEATH

13e. STREET ADDRESS Tampa Rd. 21221 Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 206 IF YES. WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED Cherry Tree. Pa. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 1407 Old Eastern Ave

7h HOUR

12b. KIND OF BUSINESS OR

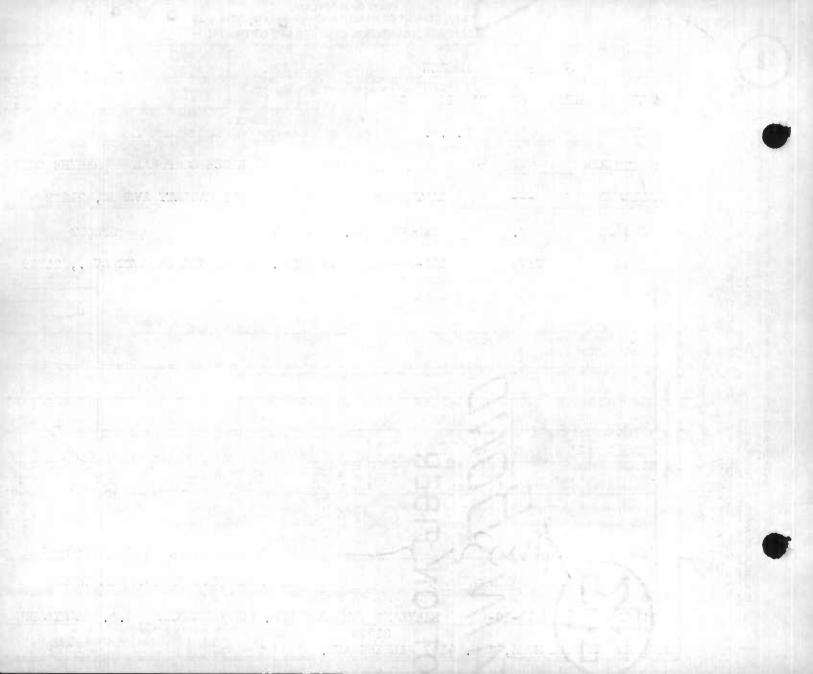
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IF UNDER 24 HRS

Telephone Telephone . NO Legal Princip Prepared levels .

DEPARTMENT OF HEALTH AND MENTAL HAGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 28 DATE KNOWN X MONTH 26 HOUR TYPE OR PRINT! ESTI-DEATH MATED 6 1984 MONROE JOSEPH BROOKS, JR. 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 5 DATE OF BIRTH d HOUR DATE LAST BIRTHDAY) 2:55 PRONOUNCED 1984 MALE WHITE 07 31 64 20 YRS BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) U.S.A. MARYLAND Baltimore County WIDOWED [] DIVORCED CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY HALETHOR PE 4800 blk. Washington Blvd. LANCE CORPORAL MARINE CORPS AL RESIDENCE (IF IN HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS OUNTY MARYLAND BALTIMORE 531 HAZLETT AVENUE, 21229 YESX NO [15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE LAST FIRST JOSEPH M. BROOKS SR. JANET SPROUT MAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO. **ADDRESS** (YES, NO, OR UNKNOWN) JANET F. BROOKS 531 HAZLETT AVE., 21229 YES ACTIVE 218-96-0197 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 id CERTIFICATION RWARDED TO ITE.
RRWARDED TO ITE.
R. PAGE 3 SHOULD BE USED A
E. STATE DEPARTMENT OF HEA 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AND MONTH DAY YEAR UNDERLYING AOR CONTRIBUTING CAUSE OF DEATH 2:45 M. 10-6- 1984 Passenger in auto/fixed object impact. 21e PLACE OF INJURY (ATHOME 21E LOCATION 21d INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEAL DIRECTOR, PAGE 3 AFTER DATH, WITH STATE DEI BATTIMOSE MARVIAND, 21201 PI STREET, FACTORY, FARM, ETC.). STATE WHILE AT WORK AT WORK 4800 blk. Washington Blvd., road Balto. Md. 220. I certify that I taak charge of the remains described above, held on Autapsy Inspection . Inquiry Accident X death resulted fram: Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) DATE SIGNED 10-7-84 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY BURIAL 10-10-84 MARYLAND VETERANS CEM. CROWNSVILLE MARYLAND A.A. BP_ 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE 21229 **DHMH - 17** ADDRESS HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE. (VR A15 ME (5))

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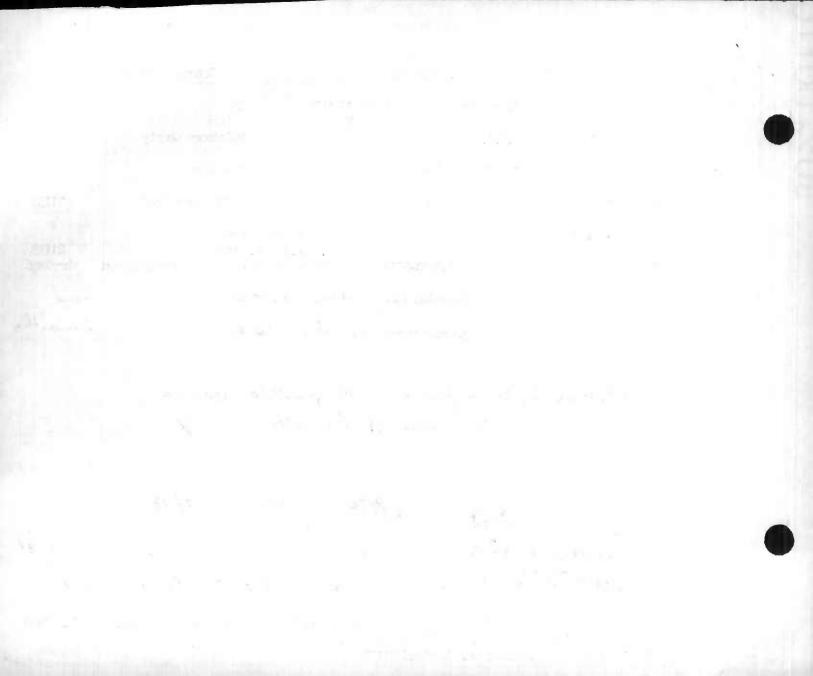
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Constant Fore Inc. Bultimore, Porrigned 21216

DEPARTMENT OF HEALTH AND MENTACHYGIENE CERTIFICATE OF DEATH

1	DEPARTMENT OF HEALTH AND MENTAL TYGIENE STATE HEGISTRAR DEPARTMENT OF HEALTH AND MENTAL TYGIENE CERTIFICATE OF DEATH REG. NO.									2 9	ţ		
-		CEASED NAME	FIRST		MIDDLE		LAST		20 DATE OF DE		DAY YEAR	2b. HOUR	₹
d	(1996	Veronica A. Brown							October 3 1984				
И	1.5E)					S. DATE	OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY) IF UN			PER TYEAR IF UNDER 24 HRS	
	F	emale		Caucas	ian	Apr	11 17 1929	YEAR	55	YR	MONTHS DAYS	HOURS	MIN.
1		RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUN	ITRY? 8	Y		9 BALTIMORE				
7		Pennsylvania		U.S.A.		WIDOW		RRIED -	Baltim	re Count	У		MD.
)		TY OR TOWN OF DEA	ATH	(IF NOT IN SUC	HOSPITAL, NI HEACILITY, GIVE ONOTA RO	STREET ADDRESS)	OR OTHER INSTIT	UTION	12a USUAL OCC (TYPE OF WORK FOR Homemake	MOST OF WORKIN		OF BUSINES	S OR
9	13a. S	AL RESIDENCE (IF NURS STATE Maryland	136. COUN	OTHER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION)	13d. INSIDE CITY	LIMITS?	13e.STREET ADD	RESS / ZIP CO	DDE d	211	33
y	14. FA	THER'S NAME FIRST John O'Donnel		MIDDLE	LAS	1	15 MOTHER'S A	AAIDEN NAA	ΛE	DDLE		AST	
Ĭ	13	VAS DECEASED EVER		MED FORCES?		SECURITY NO20-4858		rancis Sonora	J. Brown Road		llstown	211 Maryl	-
		18 CAUSE OF DEAT PART I. DEATH W	AS CAUSE	ily one cause per D BY: IE CAUSE (a)		b), and (c).)	routor	arr	est			XIMATE INTERVO	/AL DEATH
		Canditions, if any, gove rise to immediate late to immediate late to the cause late	DUE TO, O	R AS A CONS	SEQUENCE OF	of the	O THE TERM	D (On	RCONDITION	GIVEN IN PART	2 ~~~	the	
3	CERTIFICATION	Gilate 190 DATE OF OPERA	TION	_	- 75		WAS PERFORM	055 151 40 6-	200 AUTOPS	20b IF	YES, WERE FIND RTIFYING CAUSI YES T		H?
1	100000	210. ACCIDENT WAS UNI	CAUSE OF DE	21b. TIME O					ED (ENTERNATURE	-4/		NO L	
	MEDICAL	21d. INJURY OCCUR	RED	21e. PLACE	OF INJURY	FFICE FARM, ETC.)	211 LOCATION STREET	1	CI	TY OR TOWN	COUNTY	51	ATE
		22a.1 certify that (1) (this hospital) attended the deceased from											
		DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D								SIGNED	18/		
		774 PHYSICIAN'S N.	NA R	Riscl	a mo		600	U. W	if st	Bal	Amor	2 HL	2
	1	BURIAL, CREMATION,	REMOVAL	23b. DATE	84		CEMETERY OR CR		23d. LOCATIO	OWN	Carroll	Maryl	and
	-	UNERAL DIRECTOR	Lorin			Directors		25a. DATI	E REC'D. BY REGI	STRAR 256, REC			
	1	8728 Liberty						OC.	T 4 106	11 grah	2 Davidson	-Mandel	a la

DHMH - 16 50M 4/83 (VRA 15, 4)



FOR

REGISTRAR

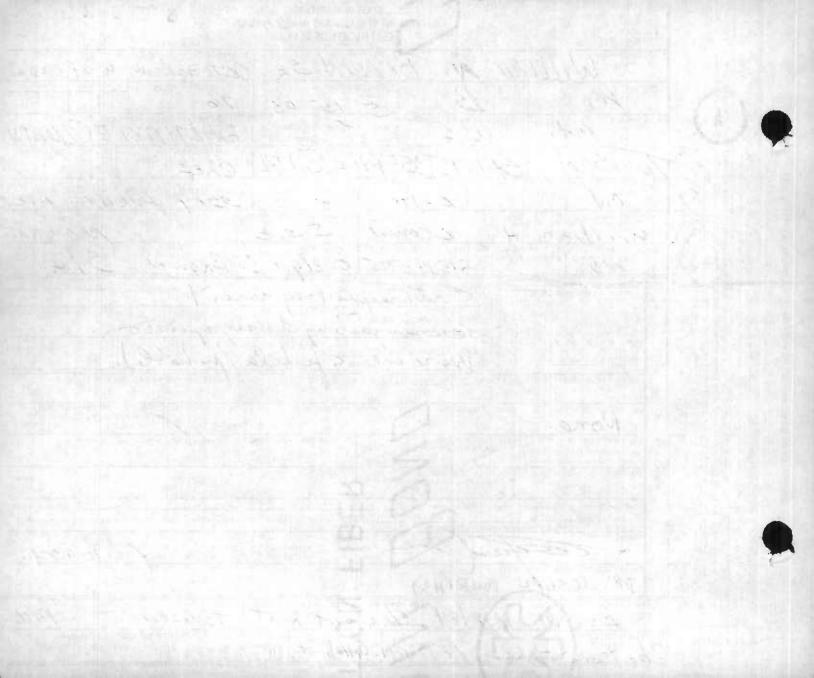
- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO



Dundalk,

MD. 21222

FOR - STATE

REGISTRAR

7922 Wise Avenue

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2b HOUR

5:45a

IF UNDER 24 MRS

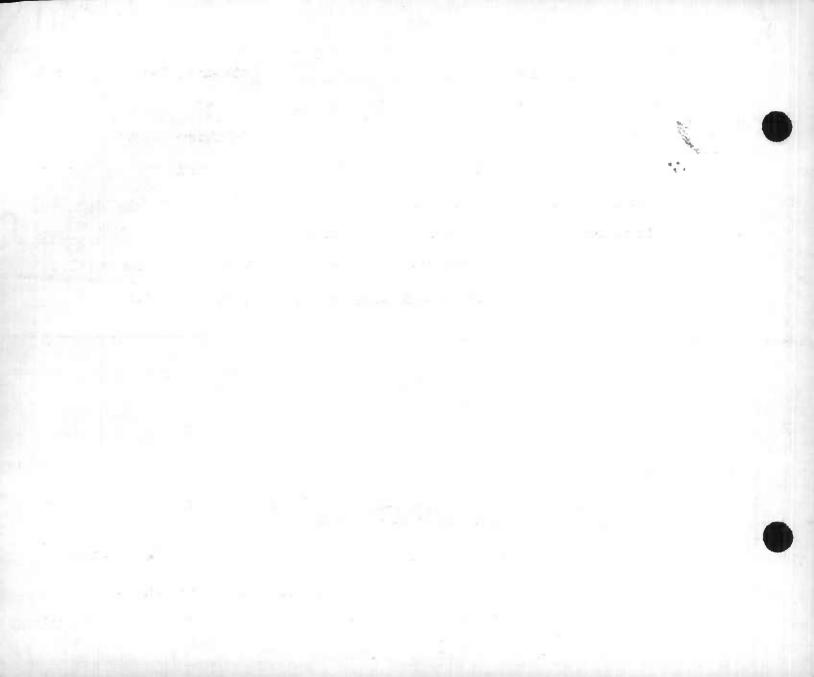
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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

84

22c DATE SIGNED

10-7-84



	1 - ST RE				DEP	ARTMENT OF H	EALTH AND	MENTAR HYG	IÈNE 4	REG. NO.		
Ped 15	I. DECEA	SED NAME	FIRST	180	MIDDLE		ezinski		20, DATE OF D	EATH MONTH	6 8	2b. HOUR
ge 4 moy	3. SEX	ema le		RACE whi	te	S. DATE O		87	6 AGE LINYEAR	S LAST BIRTHDAY)		YEAR IF UNDER 24 HRS DAYS HOURS MIN.
Geoth. Po	COUN	aryland	- 1		ISA	WIDOWE	D D	MARRIED	9. BALTIMORE Balti	more Coun	ounty	T H
ors ofter	E	altimor	e	7309	Manch	TREET ADDRESS) ester Re	OR OTHER INS	TITUTION	12a USUAL OC (TYPE OF WORK FO house	CUPATION OR MOST OF WORKING -Wife	3 LIFE) 12b, KII	ND OF BUSINESS OR STRY home
in 24 hours by filled leshould be	Mary	land	136 COUNT	imore	13c. CITY OR		13d. INSIDE (NOX		Manches	ter Rd	21222
ompletely ond 2 s	Jose	R.	-400		Cordons		Man	S MAIDEN NA		MIDDLE	М	latusik
be execu		DECEASED EVER 10 OR UNKNOWN)		AED FORCES? WAR OR DATES!	16b. SOCIAL	SECURITY NO.	17. INFORMA		zinski 7	309 Man	cheste	r Rd 21222
the deoth certificate the attending physici remove carbon paper remation, or removal. her fraumotic event, th	Co	CAUSE OF DEAT PART I. DEATH V ponditions, if any over rise to im- puse (q), stati	IMMEDIATE , which mediate ng the	DUE TO, O	icure		tu h	al ing	uites	n	BETT	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
requires tho ren signed by it. Then please for to burial, by injury, ar of	PA		NIFICANT CO		150	4				OR CONDITION (
AN: The low hysicion. freate has but ronsit perm I Hygiene pr 18 shows on	CERTIFIC 510	ACCIDENT WAS UN CONTRIBUTING	DERLYING [21b. TIME C	DE INJURY	DAY YEAR				TE OF INJURY IN ITEM 1	TIFYING CA	INDINGS USED USES OF DEATH? NO 2
VG PHYSICIA ottending pl otten this certifi as the buriol-th hond Mental bred or tem	WEDIC W	IF EITHER NOTIFY MED. INJURY OCCUR HILE NOTH AT WO	RED	21e. PLACE	M.	19	21f. LOCATI		F 6	CITY OR TOWN	COUNT	ITY STATE
ATTENDIFICATION OF ACTIONS A SECTOR. A SECTOR A SECTOR A SECTOR OF SEC		sow the decessory, (1) (we) (ed olive on_	sen	no	19 300.01	nd that in (my) (our) opinion	death occurred	on the date and h		, that (I) (we) los m the couses stated DATP SIGNED
O HOSPITAL OF the retained by the ITO FUNERAL DII should be detach with the Store De	22d	United Physician's N	AME (TYPE OR	Jaw YRINT)	le ?	RA D	22e ADDRE		MEDICAL DIRECTOR	STAFF PHYSICIAN [70	18/84
TO HOSP retoined TO FUNI should bi with the	23a BURI (SPEC	AL, CREMATION Burial	REMOVAL	23b. DATE 10/9	1/2	23c. NAME OF C	EMETERY OR Y Rosan		23d. LOCATI CITY OR Ba	on ltimore	COUNTY	Y V Md
DHMH-16 30M 2/80 (VRA 15, 4)		RALDIRECTOR NAME Lter Dat	rowsk	1 100	Dundt	ilk Ave	bue	25a. DAT		ISTRAR 25% REG	ISTRAR'S SIG	n-Mandall

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9	TA	TE OF M	ARYL	AND	at a
DEPARTMENT	0F	HEALTH	AND	MENT	ADHYG

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1.	FOR STATE REGISTRAR		DEPART		ICATE OF D		REG. NO.	line .		
	CEASED NAME FIRST E OR PRINT) Berth		O .	BURES	S		OCTOBER 10,1		25. HOUR 2:44 A	
3 SE	х	4 RACE		5. DATE C		W. A.D.	6. AGE TIN YEARS LAST BIRTHDAY	MONTHS DA		
	EMALE	CAUCAS		-0.F	02	10	74	YRS		
	RTHPLACE (STATE OR FOREIGN	USA	WHAT COUNTRY?	MARRIE		ORCED	BALTIMORE CITY OR CO		MD	
	SSVILLE	FRAN	HOSPITAL, NURSI	UARE	HOPITA		120 USUAL OCCUPATION	IZE KINI INDUST	D OF BUSINESS OR RY	
MA		E OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR 13c. CITY OR TOV ROSED	VN		ТОИ	13e STREET ADDRESS / ZIF		21237	
[4, F/	ATHER'S NAME FIRST JOHN	MIDDLE	KTPP			MAIDEN NA IRST DELTA	WE		LAST	
	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECT	URITY NO.	17 INFORMAN		ADDRESS			
	NO	GIVE WAR OR DATES	214744	536	ANTHO	NY BU	JRES Sr. 100			
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAC ARREST									
	Conditions, if any, which gove rise to immediate									
	cause (a), stating the underlying cause last.	(c) A		EROTI			LAR DISEASE,S			
NO NO		NGESTIVE			™•NFAR€	PION 544 ANEMI	ISTORXOFCARDI I A	ACMARRHY	THMIAS,	
CERTIFICATION	198 DATE OF OPERATION	196 COND	ITION FOR WHICH	H OPERATIO	N WAS PERFOR	MED	YES NO	LIF YES, WERE FIN CERTIFYING CAUS YES	DINGS USED SES OF DEATH? NO	
	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)	DEATH HOUR A.	DF INJURY M. MONTH D M.	AY YEAR	21c. HOW INJ	URY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART	2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE ALWORK	21e PLACE	REET, FACTORY OFFICE,		211 LOCATIO STREET	N	(ITY OR TOWN	COUNTY	STATE	
	22a.1 certify that (this has sow the deceased alive abave, (we) (did) (d.)	on OCTOBER	10	CTOBEI 84		., 19. <mark>84</mark> aur) opinian	, ta OCTOBER_10 death occurred an the date o) , 19 <mark>84</mark> ind havr and fram t	_, that \(\text{\we} \) last the causes stated	
	226. SIGNATURE	M	elt	801	MU P		MEDICAL STAFF DIRECTOR PHYSICIAN		ATE SIGNED,	
	224 PHYSICIAN'S NAME ITY		T750		22e ADDRESS				1	
-		.ALAN SEL		NAME OF S			IN SQUARE DR.,	21237		
	BURIAL, CREMATION, REMOV	AL 236 DATE			TEW CE		23d LOCATION CITY OF TOWN	PAT TO	n in	

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT: II III

celtificate has been signed by

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL NYGIENE FOR - STATE CERTIFICATE OF DEATH

REGISTRAR LAST 20 DATE OF DEATH MONTH DECEASED NAME MIDDLE 26 HOUR TYPE OR PRINT! WEBSTER BURRS W. 26 5. DATE OF BIRTH 4. RACE & AGE LIN YEARS LAST BIRTHDAY! IF UNDER 1 YEAR 3. SEX White Jan. 18 1907 Male TO BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE County USA Maryland DIVORCED [10. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY TOWSON Farmer Own Farm USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13E. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 20925 York Rd. Baltimore Parkton 21120 Marvland NO X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Thomas Burrs Susan Bosley 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADD York Rd. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 161-20-3603 Mildred E. Burrs, Parkton, MD 21120 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY CARDIOPULMONARY ARREST MINUTES IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF CEREBROVASCULAR ACCIDENT Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES T 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TS PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that N (this hospital) attended the deceased from, saw the deceased alive on_ and that in (ne) (our) opinion death occurred on the date and have and from the causes stated abave, M (we) (did) (did not) view the bady after death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS TIMORE MEDICAL CENTER 29.

(SPECIFY) Burial 24 FUNERAL DIRECTOR

DHMH - 16 50M 4/B3 (VRA 15, 4)

Stabler's Cemetery

Parkton, Balto., MD

Second at Franklin St. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

J. Hartenstein, New Freedom, PA 17

10 26 64 3:350 WEBSTER . SUPRO The Table of the Cart of the Cart BALTIMORE FULLER. TOWSON 6701 N. CHARLES STREET.C. 2371111 CARDIOPULMONARY ARREST BY C L CEREBROVACCULAR ACCIDENT H3-63-01 GREATER BALTIMORE MEDICAL CENTER

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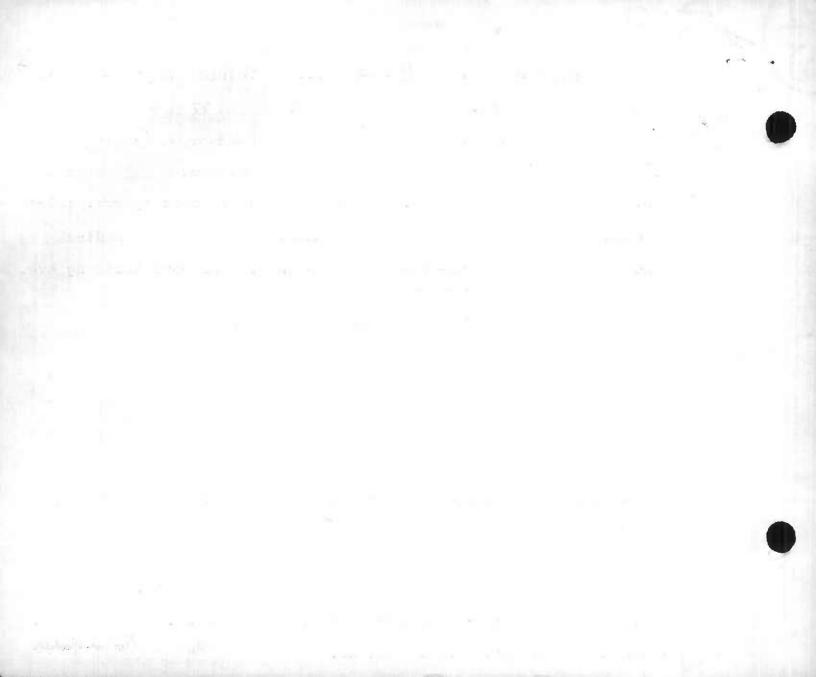
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3630 Florida Ave. 197 Fulton St. New Brunswick, N. J. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO | 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TS PART I OR PART 2) COUNTY STATE and that in (my vious) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 10/29/84 Westview Crematory Catonsville 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 8728 Liberty Rd. Randallstown, Md. 21133

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTILL HYGIENE

IF UNDER LYEAR

2b. HOUR

IF UNDER 24 HR

176 KIND OF BE

Dupont Co.

DHMH - 16 50M 4/83 (VRA 15, 4)

THE STREET WAS A PARTY CONTACT U.S.A. PAGE TANKE BUTT West and the second of the There's your I will be should Blue we by well as it is leaving a Torrachaglers LEYAL V. CAUBLED STE DAL CT NO. ice, so their the file

1 - FOR 1 - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BYGIENE CERTIFICATE OF DEATH

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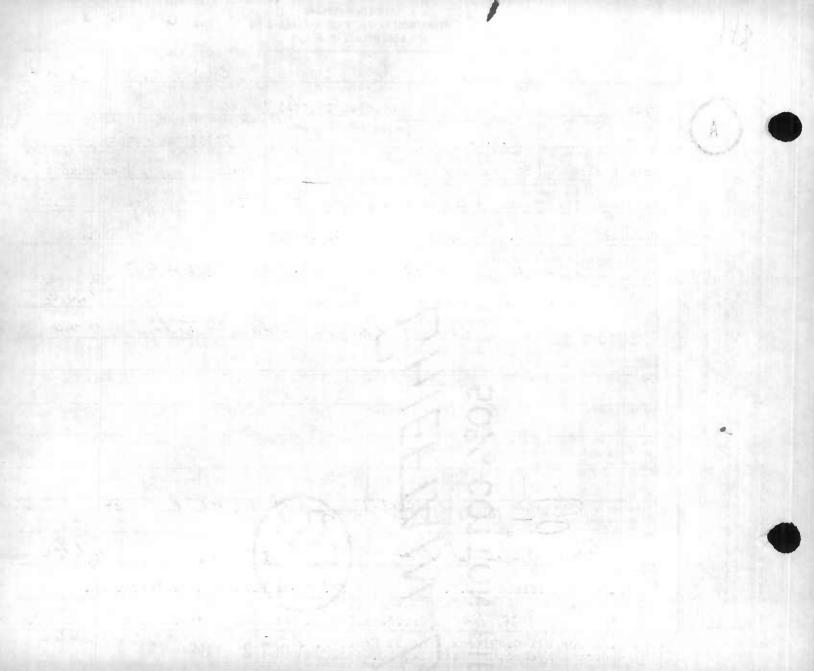
REG. NO.

250 DATE REC'D. BY REGISTRAR 25 BEGISTRAT 35 GNA ASSIGNATION OF THE STATE OF THE ST

I. DECEASED NAME	FIRST	A	AIDDLE	1	AST	20 DATE OF DEATH	HINOM	DAY YEA	R 2b HC	UR
(TYPE OR PRINT)	CHARLES		Α.		CASE	Octobe	r 1,	1984	6:5	151
3. SEX	4. F	RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS D	EAR IF UND	ER 24 HRS
Male		White		Nove	mber 28,1943	40	YRS.	MONTHS	ATS HOURS	MIN.
BIRTHPLACE (STATE OR	FOREIGN 7b		WHAT COUNTRY?	0	D Never Married	9 BALTIMORE CITY C		Y OF DEAT	Н	
Ohio		U.S.A	١.	WIDOWE		Baltim	ore C	County		М
O CITY OR TOWN OF DE	ATH 11.		HOSPITAL, NURSING		OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	126 KIN	ND OF BUSI	VESS OF
Catonsvill	.e 5		demy Road			Cook	IF WORKING		taurai	ıt
JOUAL RESIDENCE (IF NUR	SING HOME OR OTH		GIVE RESIDENCE BEFORE A		113d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP COL	DE .		
Maryland	Baltin		Catonsvi		YES NOX	515 Acad			213	228
I. FATHER'S NAME	MIDI	N.E.	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE			1457	
Charles	Mazi	H.	Case		Catherine	MIDDLE		E	dward	S
WAS DECEASED EVER	IN U.S. ARMEI		166 SOCIAL SECUR	ITY NO.	17 INFORMANT	ADDR	ESS		1	
Yes	Vietr		277-40-3	3659	Debra L. Ca	se Same	as #	13		
18 CAUSE OF DEAT	H (Enter only o	ine couse per	line for (a), (b), and	101.1				BETW	PROXIMATE IN	TERMAL NO DEAT
PART I. DEATH V	VAS CAUSED B	Y:	Henrit	10	Failure				1 wei	4
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	gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF									
underlying cause last.										
PART 2 OTHER SIG	NIFICANT CON	IDITIONS CO	ONTRIBUTING TO DI	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION G	IVEN IN PAR	RT lug	
			The state of							
19a DATE OF OPERA	TION	196 CONDI	TION FOR WHICH C	PERATIO	N WAS PERFORMED	20a AUTOPSY?		ES, WERE FI		
¥		1773				YES TO NOT		IFYING CAL	NO	
210. ACCIDENT WAS UN	IDERLYING	216. TIME O			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PARTTORPAR	T 2)	
00.000.000.000.000		HOUR A.		Y YEAR						
(IF EITHER NOTIFY MED		21e PLACE		19	211 LOCATION					
MALIE NOT W	HILE		EET, FACTORY OFFICE, FA	RM ETC)	STREET	CITY OR TO	WN	COUNT	Υ	STATE
AT WORK AT WO				201	1	100+	7	CVL		
220 I certify that (I		attended the	e deceosed from	// 1	nd that in (my) (our) opinion	dooth conversed as the d	- 1	19 47	, that (I)	,
above, (I) (we) (do (did no) y	ew the body	alter death.	5.00		deoin accorred on the d	are and no			
226. SIGNATURE	1 0 1	10	CAA ho	1	DEGREE	AMEDICAL . STA	ee	22c D	ATE SIGNE	0
(10)	an Ca	Milespe	116	-		MEDICAL STA	IAN 🗌	10	0/1/8	4
224 PHYSICIAN'S N	AME TYPE OR PR	INT)			22e ADDRESS				//	
William	Waterf:	ield	M.D.		St. Agnes	Hospital,Ba	ltimo	ore, M	d.	
30. BURIAL, CREMATION	, REMOVAL :	23b. DATE	23c. No	AME OF C	EMETERY OR CREMATORY	23d LOCATION				
(SPECIFY) Rirrial	77 10 10	10/3/	84 Gas	rrisc	n Forest Vete	rans Owing	s Mil	COUNTY		Md

Leroy M. & russell C. Witzke Funeral Homes P.A. 1630 Edmondson Avenue, Catonsville, Md. 21228

DHMH - 16 50M 4/83 (VRA 15, 4)



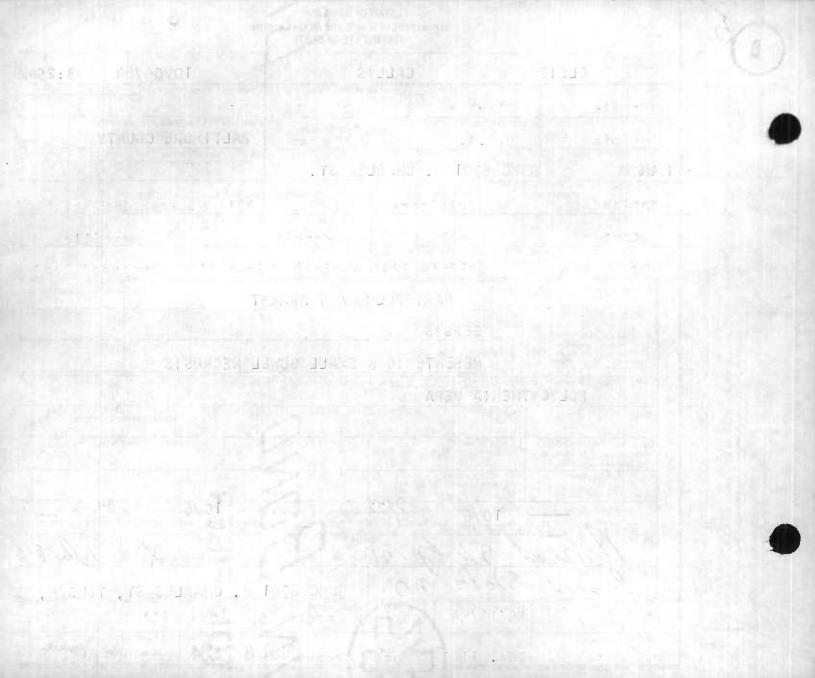
BP. DHMH - 16 50M 4/83 (VRA 15, 4)

injury, ar ather traumatic event,

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTALMY GIÊNE

١	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL MYG ICATE OF DEATH	IÉNE REG. NO).		
h	DECEASED NAME FIRST		MIDDLE	- 1	AST	20 DATE OF DEATH	HINON	DAY YEAR	2b. HOUR
	(TYPE OR PRINT) ELS I		(CALL			106		3:25AM
I	3. SEX	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	Female	Bla		3	23 18	,66	YRS.		MIN.
1	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	MARRIE!	D A NEVER MARRIED	9. BALTIMORE CITY OF			
	Virginia	U.S	. A .	WIDOWE		BALTIMOR	RE C	OUNTY	MD.
1	TOWS ON	GBMC 6	70 N	CHARI	LES ST.	120 USUAL OCCUPATION I TYPE OF WORK FOR MOST OF			F BUSINESS OR
4	USUAL RESIDENCE (# NURSING CALL) 130 STATE 12 CO Maryland	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE 130. CITY OR TOWN Baltimo	ADMISSION) N re	13d INSIDE CITY LIMITS? YES X NO	3314 W.			t. 2122
ł	FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME		LAS	37
1	Carter		Banks		Georgia			Newbil	1e
1	60 WAS DECEASED EVER IN U.S.		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
1	Unknown (IF YES.	GIVE WAR OR DATES)	217-18-	1842	Marjorie H	icks 4100	Mou		Road
	PART I. DEATH WAS CAU	18 CAUSE OF DEATH (Enter only one cause per line for (a), b and c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARIOPULMONARY ARREST							
		DUE TO, C	ONTRIBUTING TO D	NCE OF	S SMALL BOWE			IVEN IN PART II	0
1	No DATE OF OPERATION		TION FOR WHICH OPERATION WAS PERFORMED			20g AUTOPSY?	20b. IF Y	ES, WERE FINDI	NGS USED
ı	POLY 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING		THO THE WASTER OKALES			YES TO NOT YES TO			OF DEATH?
1		DEATH HOUR A	DF INJURY .M. MONTH DA .M.	Y YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18	PART 1 OR PART 2]	
	OR CONTRIBUTING CAUSE OF IF EITHER NOTIFY MEDICAL EXAMIT 21d INJURY OCCURRED WHILE	21e. PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE FA	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	VN	COUNTY	STATE
	22a.1 certify that (1) (this has sow the deceased alive above, (1) (ref (did) (did	onottended of	ne deceased from 19	34	nd that in (my) (aur) apinion (, to10/6 depth accurred on the do	te and ha		that (I) (we) lost couses stated
	226 SIGNATURE	1 5	69	MI	DEGREE ATTENDING PHYSICIAN 122 ADDRESS	MEDICAL STAF DIRECTOR PHYSIC	FANA	22c. DATE	SIGMED /84/
	1224 PHYSICIAN'S NAME (TYP	2 5 %	12 m	2	GBMC 6701		ES	ST, TO	WSON, M
1	BURIAL CREMATION, REMOVA	236 DAJE 10/1	1/84 Ga	rris	emetery or crematory on Forest V	A Owlfigs 1			M⁴d.
	24 FUNERAL DIRECTOR		ADDRESS		00°	E REC'D. BY REGISTRAR 18 1984	Sb REGIS	Davidson-M	undell
1	Wm C March F/	n inc.	1101 E	Nort	n Avenue	TO BUT			



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME 2a. DATE OF DEATH 26 HOUR (TYPE OR PRINT) lifford Oliver October 31. antre 3. SEX DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHOAY) White Male To BIRTHPLACE ISLATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED Baltimore (ounty lennessee. WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR Retired **I**₩DUSTRY onstruction cotia Balto Highlands PRESTON ST., BALTIMORE, MARYLAND Marulana Scotia Road 21227 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Oliver Pararet 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 17 INFORMANT (YES, NOOR UNKNOWN) antrell 4459 Scotia Road 2122 BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? buriol-tronsit p YES NO [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 0 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION AT HOME STREET, FACTORY, OFFICE FARM, ETC | STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on, , and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated obove, (1) (wendid) (did not) view the body ofter deoth 226 SIGNATUR DEGREE 22c. DATE SIGNED MEDICAL ATTENDING should be deto PHYSICIAN DIRECTOR PHYSICIAN FUNERAL 274 PHYSICIARYS NAME (TYPE OFFI 22e ADDRESS 0 230 BURIAY, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION STATE BP remation DHMH - 16 50M 1/81 harles S. Zeiler & Son Inc. 6224 Eastern Ave. (VRA 15, 4) Lelia Davidson NOV

STATE OF MARYLAND

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FOR STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

1		EASED NAME	FIRST	,	MIDDLE	L	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	0
1	(TABE	ORPRINT)	na x			Car	olan	1	0 28	84	0910	~
	3. SEX			4 RACE		5. DATE C		6 AGE (IN YEARS LAST BE		UNDER I YEAR	IF UNDER 24 HR	_
		MALE	200	WHI	TE	APRI	L 12, 1886	98	YRS.	VIHS DAYS	HOURS MIN	4.
1		RTHPLACE STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNT	RY? 8.	D NEVER MARRIED	9. BALTIMORE CITY		FDEATH		
		RUSSIA	200	U.S	.A.	WIDOWE		BALTIMOR	E COUNT	Y	٨	AD.
	10 CI	TY OR TOWN OF DEA	ATH		HOSPITAL, NUR		OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12b. KIND O	F BUSINESS C	_
2		ANDALLSTOW		BALT	IMORE C	OUNTY G	SENERAL HOSPI		ALESMAN	FOC	D	
	13a. S	AL RESIDENCE (# NURS	136 COUN		13c CITY OR T	OWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS				
1	-	RYLAND	BAL	TIMORE	BALTI	MORE	YES NO X	2003 FORE	ST HEIGH	HTS DR	IVE212	07
1	14 FA	THER'S NAME		MIDDLE	LAST	Na. 30	15 MOTHER'S MAIDEN NA	AME		LAS	1	
U		ISAAC			CAPL		SARAH			UNK	KNOWN	
		VAS DECEASED EVER		MED FORCES?	16b. SOCIAL SI	ECURITY NO.	17 INFORMANT	ADDR		715		
		NO			216-07	-3572	MR. BERNARD	RUBENSTEIN	3615 F			15
		IS CAUSE OF DEAT PART I. DEATH W	H (Enter on	ly one couse per	line for (a), (b)	, and Ich			10 100	BETWEEN	MATE INTERVAL ONSET AND DEAT	н
		PART I. DEATH W	IMMEDIAT	E CAUSE (o)	Condu	Julmo	my anes					
				DUE TO, O	R AS A CONSE	OUENCE OF	0	~ 41	0			
		Conditions, if ony		((b)_	Sucy	reted	Gestiontes	nal Herro	mage		100	
	32	gove rise to improve couse (a), status		DUE TO, O	R AS A CONSE	QUENCE OF		-				
	100	underlying couse	lost.	((c)	Anter	roscler	whe Condu	wasul-Di	ican		100	
		PART 2 OTHER SIGN					NOT RELATED TO THE TERM	MINAL DISEASE OR COM	DITION GIVEN	IN PART 1	0	_
	O	Charles Colors	S	were!	Depres	such -	not earn)				
)	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V		OF DEATH?	
	RTIF			N ALVIII	1200			YES NO	YES (NO 🗌	
1		OR CONTRIBUTING	-	110110 1	M. MONTH	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	JRY IN ITEM TO PART	I OR PART 2)		
	CAL	(IF EITHER, NOTIFY MEDI		in .		19				And by	-12	
ı	MEDICAL	21d INJURY OCCUR		21e. PLACE	OF INJURY	ICE FARM, ETC.)	211 LOCATION STREET	CITY OR TO	DWN	COUNTY	STATE	
9	~	AT WORK NOT WE	HILE							منا		
ç	20	22a I certify that (I)		-3-	212	G/U	ept - 19 47		19.		that (I) (we) la	ost
i		saw the deceas above, (1) (wg) (ed alive on did) (did no	t) view the body		9_ <u>8</u> , or	nd that in (my) (aur) apinion	death occurred on the c	late and hour a	nd from the	couses stated	
-	31	22b. SIGNATURE		111	10.0	MA	DEGREE	ALEDICAL ST		22c. DATE	SIGNED CU	
		97	enns	れつく	June	719)	ATTENDINO PHYSICIAN	MEDICAL STA		10	-38.1	
-		22d. PHYSICIAN'S N	AME (TYPE C	R PRINT)	1-11	nh	120 ADDRESS	-10:11 Pa	1 Own	rus m	115 m	D
		Ken	neth	4.6	lick	υμ	10217 3.0	olfield Ro		1211	117	
è	23a B	URIAL, CREMATION,	REMOVAL	23b. DATE	2	3c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	ç	OUNTY	STATE	
	24 5:	BURIAL		10/29			AMUNO CEM	BALTIMO			RYLAND	_
4	74 FL	INERAL DIRECTOR	SOI	LEVINS	ON & ALBR	OS., INC	750 DA	TE REC'D. BY REGISTRA	756 REGISTRA	R'S SIGNAT	CARE	
++	1	O10 DETCET	DOTO	מ מת זמ	ATTHON	T MADAT	AND STATE	3 1 1984	1 Killeria:	301	,	44

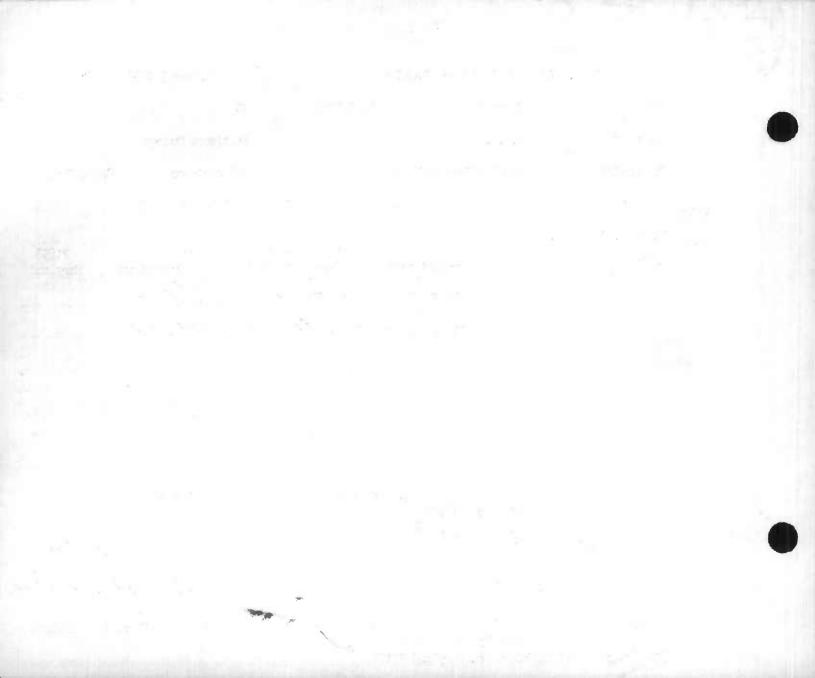
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8728 Liberty Road Randallstown, Maryland 21133

STATE OF MARYLAND



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WILLIAM E. JOHNSON 8521 LOCH RAVEN BLVD.

STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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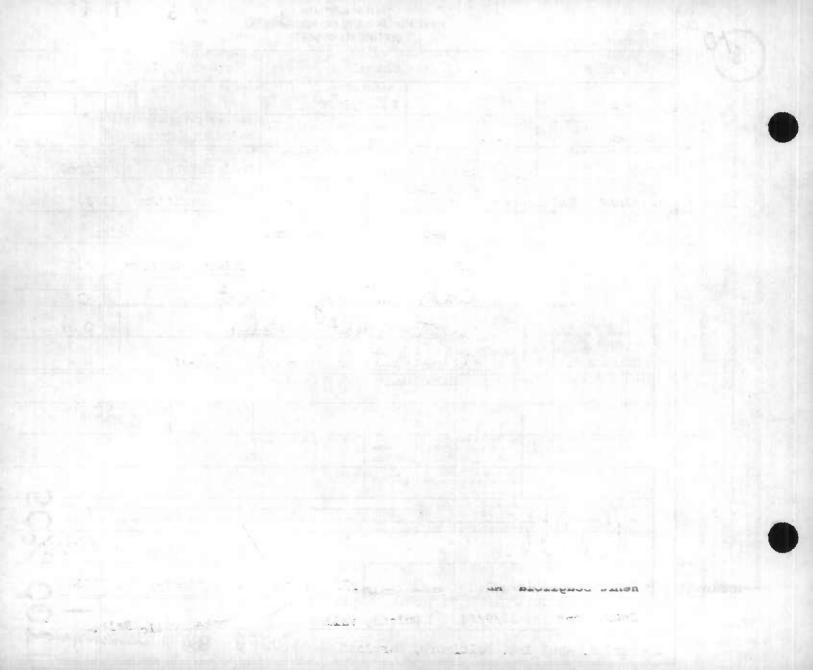
8	1-	FOR STATE REGISTRAR	DEPARTA	MENT OF HEA	OF MARYLAND ALTH AND MENTAL HYG ATE OF DEATH	TIENE 2 5 3	1 1
		CEASED NAME FIRST	WIDDLE	LAST		20. DATE OF DEATH MONTH DA	10.11001
		Elsie		Carte		Oct. 24,	
1	3. SE	Female	White	S. DATE OF	3 1 ^A 1914	70 YRS.	FUNDER TYEAR IF UNDER 24 HRS
32		RTHPLACE (STATE OF FOREIGN COUNTRY) Maryland	75. CITIZEN OF WHAT COUNTRY? USA	MARRIED WIDOWED	NEVER MARRIED DIVORCED	Baltimore CITY OR COUNTY O	
		TY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITAL, NURSIN	TRd.	OTHER INSTITUTION 21222	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWITE	12b. KIND OF BUSINESS OR INDUSTRY
mushbe	13a. S	AL RESIDENCE IN NURSING HOME OF STATE 136 COLE	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE TY TIMORE DUNCAT	N 113	31. INSIDE CITY LIMITS?	138 STEET ADDRESS nwall	Rd. 21222
31		THER'S NAME James	Brown	19	Debora		Gardĥer
1	16a V	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU 216-32-		⁷ INFORMANT Anita Mill	er 8133 Cornwa	ll Rd.21222
or other troumotic ever		PART I. DEATH WAS CAUSI IMMEDIA Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)				25 ms
ony injury,	CERTIFICATION	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	02	- will	200 AUTOPSY? 206. IF YES VES NO	WERE FINDINGS USED ING CAUSES OF DEATH?
Ipem 18 show	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE [IF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A,M. MONTH DA	AY YEAR 19	0.00	RED (ENTER NATURE OF INJURY IN ITEM 18 PAI	
ish and Mental Hygiene tarked or Item 18 shows	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	FARM ETC)	RIF. LOCATION STREET	CITY OR TOWN	COUNTY STATE
te Dept. of Heo I: If Item 21 is n			(tal) attended the deceased fram	ond	9AEE	death accurred on the date and hour MEDICAL STAFF DIRECTOR PHYSICIAN	9, that (I) (we) last and from the causes stated
should be detacl with the State De IMPORTANT: If It		IN IK	WONG		6730 He	LABIRD AVE	. 21222
3 4		BURIAL, CREMATION, REMOVAL			METERY OR CREMATORY	23d. LOCATION	COUNTY THE STATE
_		Burial	10-27-84 G	arden	s of Faith	CITY OR TO Baltimo	
4/82		UNERAL DIRECTOR	eral Home OpessT	nndal	k 250 DAT	FRECD. BY REGISTRAR 250. REGISTR	Mason Handall

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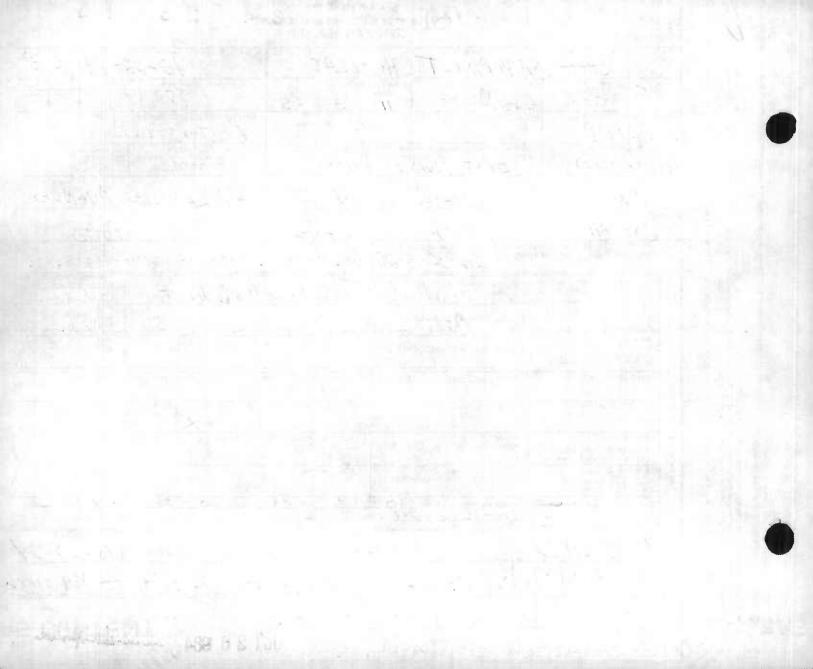
0,			1	FOR STATE		DEPART	MENT OF HE	OF MARYLAND ALTH AND MENTAL HY	GIENE 2	3 1	2	
100				REGISTRAR CEASED NAME FIRST		MIDDLE	CERTIFI	CATE OF DEATH	REG. N	O.	YEAR 2	h HOUR
	11/11				THA	~	CET	RINO	- Arm	24, 8	111	1:20 M
	4 8		3. SE	-om alo	1. RACE Whi	te	5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BI	MON		FUNDER 24 HRS
	a pg		7a. BI	RTHPLACE (STATE OF FOREIGN		WHAT COUNTRY	0ct		9 BALTIMORE CITY	YRS. OR COUNTY OF	DEATH	
	leath in 72	19	1	lew York		S.A.	WIDOWE	harried .		ore (Count	4 MD.
0.1	by the fu	55	10. CI	And Allstow	u II. NAME OF	HOSPITAL, NURSI		eu. Hosp.	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST	OF WORKING LIFE)	126 KIND OF E	BUSINESS OR
AND 212	filled in nould be	36	13a S	md 1	BALTO	13c. CITY OR TOV		134 INSIDE CITY LIMITS? YES NO D	13e.STREET ADDRESS	ZIP CODE	Ave.	1136
MARYL	ed within ond 2 st	18 C	14 FA	THER'S NAME WILLIAM	MIDDLE	Drew	es	15. MOTHER'S MAIDENN MATE	LdA MIDDLE	1	1125c	4
IMORE,	n ond co	medica /		VAS DECEASED EVER IN U.S.	S. ARMED FORCES? ES. GIVE WAR OR DATES)	166 SOCIAL SEC		James T. A	nderson	Reister	First	Ave.
DS, 201 W. PRESTON ST.,	quires that the death certifications are signed by the attending plane please remove corbons to burial, cremation, or rem	jory, or other roomone eve	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause loss	DUE TO, C the (b) DUE TO, C the (c) DUE TO, C (c) (c)	DR AS A CONSEQUENCE OF A	JENCE OF	heart f	mlnal disease or con	ADITION GIVEN	IN PART To	
IL RECORD	he lo on. hos per ene	9	CERTIFICATION	19a DATE OF OPERATION	19b. CONE	DITION FOR WHICH	H OPERATION	WAS PERFORMED	200 AUTOPSY?	206 IF YES, WIN CERTIFYIN	ERE FINDING	S USED F DEATH?
OF VITA	KCIAN: The g physicio ertificate h ial-transit ntol Hygie	9		210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ((IF EITHER NOTIFY MEDICAL EXA	OF DEATH HOUR	OF INJURY A.M. MONTH E	AY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART	I OR PART ?)	
DIVISION OF VIT	Score	i ved or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY TREET, FACTORY, OFFICE,		211. LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
0	ATTENDIN Spital or CCTOR: Aft of for use o	DE SI 17		22a 1 certify that (1) (this saw the deceased alm above, (1) (we (did)) d	ve on Cal.	24, 19	2111	d that in (my) (our) opinion	4, to 600	lote and hour or	- /	ot (we) lost
	OR DEP	E	1	276. SIGNATURE	m Po	Dulyn, M	Colon	ATTENDING PHYSICIAN	MEDICAL STA	IFF CIAN D	10-2	. 111
	TO HOSPITAL retoined by the TO FUNERAL should be det with the State	7	3	GHASSEN		RMOT	400E	22e ADDRESS	Ct. Con		He	Antig
	₽₽ ₽₩ \$ 3		23a. E	Burial, CREMATION, REMO	Oct. 26			METERY OR CREMATORY SlAud NAT-	23d LOCATION CITY TOWN Penn. FAVEL	idale"	OUNTY T.	Vew Yor
	DHMH - 16 50M 4/8 (VRA 15, 4)	B3	24 F	Weral Director Sold	bardt.	Owing:	1101		ATE REC'D. BY REGISTRA		R'S SIGNATUR	RE

THE WAY STATE SWITS WE HITES Females white a set of 1888 - 88 188 Wall Markey D. A. Z. A. Z. Balthing of County And the second of the second o There are last styles from a land of the Francisco to have been found the The R Shelman Commence of the first





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HEGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH (TYPE OR PRINT) DATE OF BIRTH . AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 5EX MONTH MONTHS DAYS HOURS 95 emale BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY USA WIDOWED DIVORCED [] CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12m USUAL OCCUPATION 12h. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATEN 13 COUNTY 13c. CITY OR TOWN 134. INSIDÉ CITY LIMITS? 130. STREET ADDRESS YES V 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO IYES, NO OR UNKNOWN) I HE YES, GIVE WAR OR DATES! Pikesville, Md Mrs. Anna M. Delosso 18 CAUSE OF DEATH (Enter only one cause per line to (a), (b), and (c) IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause to, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOD NO [YES M 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE AT WORK AT WORK 220.1 certify that (II (thus trasputal), attended the deceased from. saw the deceased alive an-, and that in (my) (aux) apinion death occurred on the date and hour and from the causes stated above, (1) (well(bid) (did not) view the body after death 22c DATE SIGNED 226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) # # # # 13 BURIAL, CREMATION, REMOVAL 23h. DATE 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN Burial 10/24/84 Druid Ridge Cem. Pikesville.Md 24 FUNERAL DIRECTOR 250. DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DE **DHMH-16 25M** (VRA 15, 4) 1/79 Eline Funeral Home Reisterstown, Md.



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTALLYGIENE
CERTIFICATE OF DEATH

2 5

1	1 -	FOR STATE REGISTRAR					EALTH AND MENTADIYG ICATE OF DEATH	IENE REG. NO		0	
		CEASED NAME	FIRST		MIDDLE	ŧ	AST		MONTH DAY	YEAR	2b. HOUR
	(TYPE	OR PRINT)	Walter	- G		Clem	ene	October	25 109/		5.20 AM
	3. SEX			RACE		5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UN	DER I YEAR	IF UNDER 24 HRS
		Male		Whit	e	Augus		69	YRS.		HOURS MIN.
35		RTHPLACE (STATE OR F	OREIGN 71	U.S.A.	WHAT COUNTRY?	8. MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	Baltimore city o			MD.
5/	-	ssville 2			HOSPITAL, NURSING		or other institution ospital	12a USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF MOST	ON 12 F WORKING LIFE) IN	kindo ibusiry Refr i	BUSINESS OR geration
1/6		AL RESIDENCE (IF NURS TATE	13b. COUNT		13c. CITY OR TOWN ESSEX 2		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	Ave. 21	221	
20	14. FA	THER'S NAME FIRST William		DDLE M.	Clemens		15. MOTHER'S MAIDEN NA/ Ann	ME	Brewer	LAS	
injury, or other froumotic event, the medicoleke		VAS DECEASED EVER		ED FORCES? WAR OR DATES)	213 09 70		Walter J. C	ADDRE Lemens, Sr.	(Son)	Same	
Ther Troum		Conditions, if ony, gove rise to imm couse (a), statin underlying couse	nediate ig the	DUE TO, O	Arterios o Vere R AS A CONSEQUEN	ICE OF	tic Cardiovas Diabetes Mell		se,		
7, 01	7	PART 2 OTHER SIGN	NIFICANT CO	ONDITIONS CO	ONTRIBUTING TO DE		NOT RELATED TO THE TERM		DITION GIVEN II	N PART 110	
shows ony inju	CERTIFICATION	190 DATE OF OPERAT	TIÓN	196 COND	ITION FOR WHICH C	PERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING		
lem la su		216. ACCIDENT WAS UNE OR CONTRIBUTING (IF FITHER, NOTIFY MEDIC	CAUSE OF DEATI	21b TIME O HOUR A.	M. MONTH DAY	YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I	OR PART 2)	
orked or	MEDICAL	ZId. INJURY OCCURE WHILE NOT WH AT WORK AT WO	HLE		REET, FACTORY, OFFICE, FAR		211 LOCATION STREET	CITY OR TO	0.5	COUNTY	STATE
21 is mo		22a.1 certify that sow the decease above, (A (we) (c	(this hospited of olive olive of olive of olive of olive olive of olive olive of olive olive olive of olive	tober	25, 19	34 or	r 25 , 19 84 and that in (my) (our) opinion (hat (X (we) last couses stated
MPORTANT: If Hem 21 is morked or Item 18		Hilla	e fe	ەسىي	no beg	5	DEGREE ATTENDING PHYSICIAN [MEDICAL STAI	F	22c. DATE	SIGNED
PORTAN		22d. PHYSICIAN'S NA Micha		nwartz,	MD		9000 Frank	lin Square	Dr. 212	37	
>	23a F	BURIAL CREMATION	REMOVAL	23h DATE	23c N/	AME OF C	EMETERY OR CREMATORY	23d LOCATION			

Moreland Memorial Park

DHMH - 16 50M 4/83

TO HOSPITAL

(VRA 15, 4)

• 1407 Old Eastern

250 DATE REC'D BY REGISTRARISH RECOMMANDER AND LANGUE

"Baltimore County



and the federal and the STREET, STREET, LANS. white or state Person of Book Street of Torne Co. T. tengil vilti . mil 10720 Test Heliffer Ave. Oring Mille Herstand Marie Valence Visite at a fair fill the content of in the Sam Rear Thomas, Inc. Fig. Marty Red Later Way, New End of the Marty

	1 -	FOR STATE REGISTRAR			DEPAR	RTMENT OF H	OF MARYLAND EALTH AND MEN	TALWYG	IENE	2 REG. NO	6 3	•	8	
		EASED NAME	FIRST	,	MIDDLE	· ·	AST		2a DATE O	112 01110	MONTH DA	Y YEAR	2b.	HOUR
-1			JESS			СОН			ОСТО	BER 1	3, 198	4		Р.М. м
	3. SEX	FEMALE		4 RACE	r.r.	5. DATE C		YEAR		YEARS LAST BIRT		UNDER I YE		URS MIN.
1	7a BIG	TEMALE STHPLACE (STATE ORFO	DOE VC N	WHI'		V2 8	ARY 14,			RECITY OF	YRS.	DE DEATH		
6		MARYLAND	DREIGIA	U.S.	.A.	MARRIE	D NEVER MAR				COUNT			MD.
1		TY OR TOWN OF DEAT	ТН	{ IF NOT IN SUC	HOSPITAL, NUR HEACILITY, GIVE STR LYNNE HA	REET ADDRESS)	21207	TION			ON WORKING LIFE!	INDUSTR		ISINESS OR
7	USUA 13a. S	L RESIDENCE (IF NURSITATE	NG HOME OR	OTHER INSTITUTION.		FORE ADMISSION)	13d. INSIDE CITY	I IAA ITS 2		ADDRESS /	7IP CODE		HOM	_
0	134. 3	MARYLAND		TIMORE	BALTIN			XX	_		HAVEN	DR.	212	07
4	14. FA	THER'S NAME DAVID		MIDDLE	BROV	٧N	15 MOTHER'S MA		MĒ	WIDDIE		PARKS	LAST	
1	16a. W	AS DECEASED EVER I		MED FORCES?	166 SOCIAL SE	CURITY NO.	17. INFORMANT			ADDRE	SS			
		NO OR UNKNOWN)	ÇII 163, GI	t man on partor	2/6-07-	-0298	JULIUS (COHEN	3520	LYNNE	HAVEN		212	07
5	CERTIFICATION	Conditions, if ony, gove rise to imm couse foll stating underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT	lost.	DUE TO, O		OUENCE OF	n was performi	ED	200 AUT	OPSY?	206. IF YES, IN CERTIFY YES	WERE FIN	DINGS SES OF	
1		21a. ACCIDENT WAS UND		110110 1	M. MONTH	DAY YEAR	21c HOW INJUR	Y OCCURR	RED (ENTERN	ATURE OF INJUR	Y IN ITEM IS PAS	T I OR PART	2)	
	MEDICAL	(IF EITHER NOTIFY MEDIC ?Id INJURY OCCURR WHILE NOT WHI AT WORK	ED	? le. PLACE		CE, FARM, ETC)	21f LOCATION STREET			CITY OR TOX	WN	COUNTY		STATE
		22a.1 certify that (1)			e deceased from			19	, to					(I) (we) lost
1		sow the decesse obove, (II (we) Id	Das	US. A	ofter death.			NDINO SICIAN	/ MEDICAL	STAF PHYSIC	F _		ATE/SIG	
		URIAL, CREMATION, I	REMOVAL	23b. DATE	1 2	I NAME OF C	EMETERY OR CREA	MATORY	23d LOC	ATION Y OR TOWN		COUNTY		STATE
		BURTAI		10-16-			ILOH CEM			LTIMOR				LAND
-	24 FL	INERAL DIRECTOR S	OL LE	VINSON	& BROS	INC.	ND 21215		E REC'D. BY	REGISTRAR	25b. REGISTR		ATURE	
	00	10 REISTER	2 LOWL	KD. BA	LITMORE	, MAKI LA	IND 21215	LUC	184	084	tuka Da	4dson	- gan	de 82

DHMH - 16 50M 4/83 (VRA 15, 4)

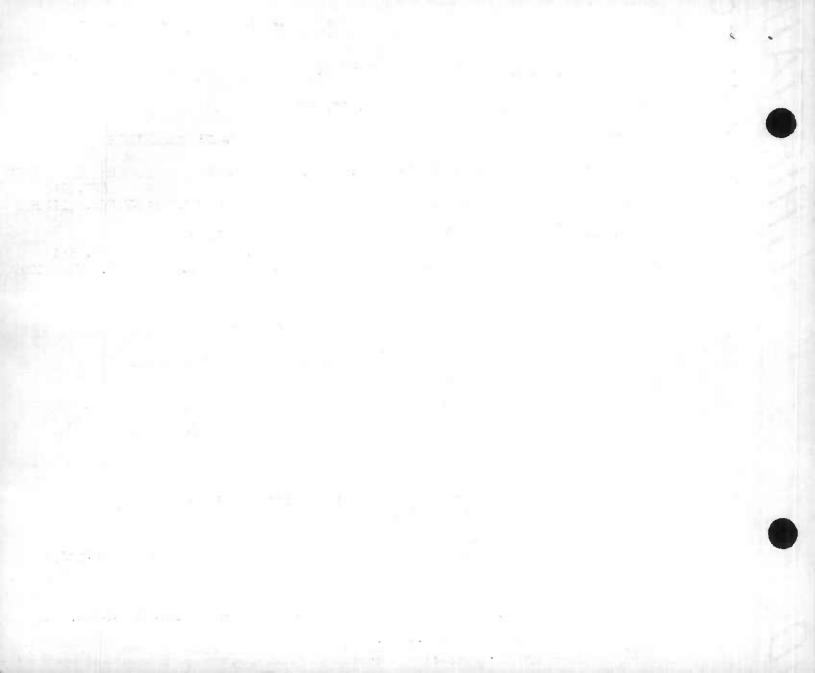
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MARYLAND 2120

DIVISION OF VITAL RECORDS.

STATE OF MARYLAND



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remave carbonpapers. Pages I and 2 should be filled within 72, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

with the State Dept. at Mealth and mentar hygrene privative or other traumatic event, the medical examiner. IMPORTANT: If Item 21 is marked at Item 18 shows any injury, at other traumatic event, the medical examiner.

age 4 may be

death certificate be executed within 24 hours after

requires that the

ΜO

OR ATTENDING PHYSICIAN: The

TO HOSPITAL

the haspital

STATE OF MARYLAND DED ADTMENT OF HEALTH AND MENTAL BYCKME

8728 Liberty Road Randallstown, Maryland 21133

3 2 0 6

*	1 -	FOR STATE REGISTRAR			DEPA		IEALTH AND MENTAL (C	rgiene:	REG. NO.) 0 4	O.		
		CEASED NAME	FIRST		MIODLE		AST	2a. DATE OF			EAR 2b.	HOUR	
			. Art	hur L.	Colbi				October 29 1984 2				
	3. SE)	(4 RACE		5. DATE (6. AGE (IN YE	RS LAST BIRTHDA			UNDER 24 HRS	
	M	ale		Caucas	Caucasian		e 6 1897	87		YRS.			
	7a BI	RTHPLACE (STATE OR I	FOREIGN	76. CITIZEN OF	WHAT COUNTI	RY? 8.	D NEVER MARRIED	9 BALTIMOR	E CITY OR C	OUNTY OF DEA	TH		
0		linnesota		U.S.A.		WIDOWI			more Cou	intv		MD.	
/	10 CI	TY OR TOWN OF DEA	ATH	11. NAME OF		RSING HOME	OR OTHER INSTITUTION	120 USUAL O	CCUPATION	12b. K		JSINESS OR	
6	F	landallstown			ore Count		l Hospital		or most of wo	1.2	ISTRY Leacher		
1	USU/	AL RESIDENCE (IF NURS	136 COUN		GIVE RESIDENCE BE		134. INSIDE CITY LIMITS?	13e.STREET AL	DDEEC / 711	D CODE			
4		arvland		imore	Hebby		YES NO X			Avenue		21207	
-	_	THER'S NAME			120001		15 MOTHER'S MAIDEN		LILLE MINOC	2 21 TOLLAG		21201	
16	I	ra A. Colbur		WIDDLE	LAST		Addie C. H	unt	MIDDLE		LAST		
	16a V	VAS DECEASED EVER	IN U.S. AR		166 SOCIAL SI	ECURITY NO.	17. INPORMANATHUR	C. Colbury	ADDRESS			20777	
		es, no or unknown)	WW	e war or dates)	219-0	1-4179	6709 Corti			hland		ryland	
8		18 CAUSE OF DEAT	H (Enter on	ly ane cause per			1 0/07 000 0					INTERVAL T AND DEATH	
		PART I. DEATH W	AS CAUSE	D BY	SFI	SIS	ACPI	RATION	DNE	WONON A	WEEIN CHASE	I AND DEATH	
			IMMEDIAT	E CAUSE (0)	- /	0,0,	1.1011	7,717,073	PINE	07(0)(4)			
		C 100 9		DUE TO, OI	R AS A CONSE	QUENCE OF							
		Conditions, if ony, gove rise to imm	mediote	(p)									
		underlying cause		DUE TO, OF	R AS A CONSE	QUENCE OF	CVA						
				(lc)									
	Z	PART 2 OTHER SIGN	NIFICANT (CONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE	OR CONDITI	ON GIVEN IN PA	ART 110		
4	CERTIFICATION	198 DATE OF OPERA	TION	196 CONDI	TION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a AUTOF		b. IF YES, WERE			
1	FIC							YES	NOU	YES T		DEATH?	
	ERT	21a. ACCIDENT WAS UNI	DERLYING [216. TIME O			21c HOW INJURY OCC						
2		OR CONTRIBUTING		un l	M. MONTH								
1	MEDICAL	(IF EITHER NOTIFY MEDI 21d INJURY OCCUR		21e. PLACE (19	21f LOCATION						
	ME	WHILE NOT WE			EET, FACTORY, OFF	ICE FARM, ETC.)	STREET		CITY OR TOWN	COU	AIA	STATE	
		AT WORK AT WO	ORK -			10.	15	(1	0.39.	9	7		
		27s-I certify that (I)					nd that in (my) (our) opinio	, 10	0 47.	19_25		(I) (we) lost	
		saw the decease obove, (I) (we) (did) (did no	t) view the body	ofter death.	7 - 7 . 0		an death occurred	on the dote o				
		22b. SIGNATURE	De.	0.7	0		DEGREE ATTENDING	MEDICAL	STAFF	22c.	DATE SIGI	NED	
			140	201 200	NH		PHYSICIAN	DIRECTOR		0			
		224 PHYSICIAN'S N.	AME INPEC	OR PRINT)		0	220 ADDRESS	-	7		1	1000 71	
		WHYA	UUR	1 Us	DVIND,	A MHO	MITJACTIM	OKE	NOOL	TY GN	6 2	IOSH IA	
		SURIAL, CREMATION,	REMOVAL	23b. DATE	2	30 NAME OF	EMETERY OR CREMATOR	y 236. LOCA1	ION R TOWN	COUNTY		FLATE	
		urial		11-1-84		Woodla	wn Cemetery	Wood				ryland	
	24 FL	JNERAL DIRECTOR	Lorin	g Byers Ft	meral Di		Tno. 250. D	ATE REC'D. BY RE	GISTRAR 256.		GNATURE		

DHMH - 16 50M 4/83 (VRA 15, 4)

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奉北北	- STATE REGISTR		77 11/9/8	DEPA	ARTMENT OF H	E OF MARYLAND EALTH AND MENT ICATE OF DEAT	H	REG. N		1
(A)	1. DECEASED N (TYPE OR PRINT)		erbert	B. C	olestoc	AST C	2	October 19		26. HOUR 5:15P M
d woy	3. SEX		4 RACE		5. DATE C		EAR 6.	AGE (IN YEARS LAST BIR	MONTHS	TYEAR IF UNDER 24 HRS DAYS HOURS MIN,
eath. Page 72 hours	Male 7a. BIRTHPLACE COUNTRY) Pennsy	STATE OR FOREIGN		7b. CITIZEN OF WHAT COUNTRY? 8. WARRIED U.S.A. WIDOWEI 11. NAME OF HOSPITAL, NURSING HOME O (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Franklin Square Hospi			iED .	9. Baltimore County of Death Baltimore County,		
s ofter de by the fur iled within	ROSSVi	WN OF DEATH	11. NAME OF (IF NOT IN SU				ION I	20. USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF	IND OF BUSINESS OR ISTRY	
within 24 hours letely filled in by d 2 should be fill mither mistroom	USUAL RESIDER 136 STATE Maryla: 14. FATHER'S N	AME	E/OR OTHER INSTITUTION	13c. CITY OR Baltime	EFORE ADMISSION)	13d INSIDE CITY LIA YES 🔀 NO 15. MOTHER'S MAI				21239
executed w	George		rinton	Coles	tock SECURITY NO.	Annie	е	Cather		Elliott
n and ce	YES, NO OR U	NKNOWN) (IF YES	GIVE WAR OR DATES)	161-03			ne E.	Darnaby-1		lle,Md.2109 ch Garth
NG PHYSICIAN The law requires that the death certificate be executed within 24 hours or attending physician. The law requires that the death certificate be executed within 24 hours or attending physician and cempletely filled in by as the buriol-transit permit. Then please remave carbon papers, Poges (1 and 2 should be file than and Amental Phygiene prior to burial, cremation, or removal orked at item 18 shows any injury, or ather traumatic event, the medical examples infusitional orked at item 18 shows any injury, or ather traumatic event, the medical examples infusitional orked at item 18 shows any injury, or ather traumatic event, the medical examples infusitional contents.	gove r couse underly	ins, if any, which se to immediate (o), stofing the ng cause last.	DUE TO, C	DR AS A CONSI Bron DR AS A CONSI	EQUENCE OF Chopneul	monia		ar Disease		ART Ito
The law re refrance is the hos been sit permit. I green prior shows any in	TIFIC	OF OPERATION			HICH OPERATIO	n was performed		200 AUTOPSY?	YES 💢	AUSES OF DEATH?
G PHYSICIAN Transcription of this certificate is the buriol-transit and Mental Hygin ked or Item 18 sho	OR CONTR	DENT WAS UNDERLYING IBUTING CAUSE OF NOTIFY MEDICAL EXAM RY OCCURRED	DEATH HOUR A		DAY YEAR	211 LOCATION	OCCURRE	O (ENTER NATURE OF INJU		
OR ATTENDI or hospital and or	22a. cert	NOT WHILE AT WORK ify that X) (this ha the deceased alive	(AT HOME, SI pospital) attended to OC tob Note the back	he deceased from 19, value death.	0ctob 1 <u>984</u>	er 5, 19 and that in (1/4) (our) DEGREE	IDING	to OCTOBE oth accurred an the di MEDICAL STAI DIRECTOR PHYSIC	r 19, 19 82 ate and have and fro	, that XII (we) last
TO HOSPITAL of the coloned by the TO FUNERAL Is should be deto with the State IMPORTANT.	23g BURIAL CR	EN1	K H K			9000 FI		in Square	Drive 212	237
BP	Burial 24 FUNERALD		10-23	-84	Baltim	ore Nation	nal	Baltimo		Maryland
DHMH - 16 50M 4/83 (VRA 15, 4)	NAME		neral Hom	e, Inc.	1050 Y Towson	ork Ra. ,Md.21204		22 1984	Pulia Davidsor	Mandell

and numerowald properties and the second sec

FOR

REGISTRAR

- STATE

84 IF UNDER TYEAR IF UNDER 24 HRS DAYS HOURS 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Government 13e,STREET ADDRESS / ZIP CODE 2434 Chetwood Circle 21093 Moran 2434 Chetwood Circle 21093 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE , and that in (my) (aur) apinian death occurred an the date and haur and from the causes stated 22c. DATE SIGNED

Eckhardt Funeral Chapel

Owings Mills. Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTACHYGENE

CERTIFICATE OF DEATH

YEAR

7h HOUR

STATE

Md.

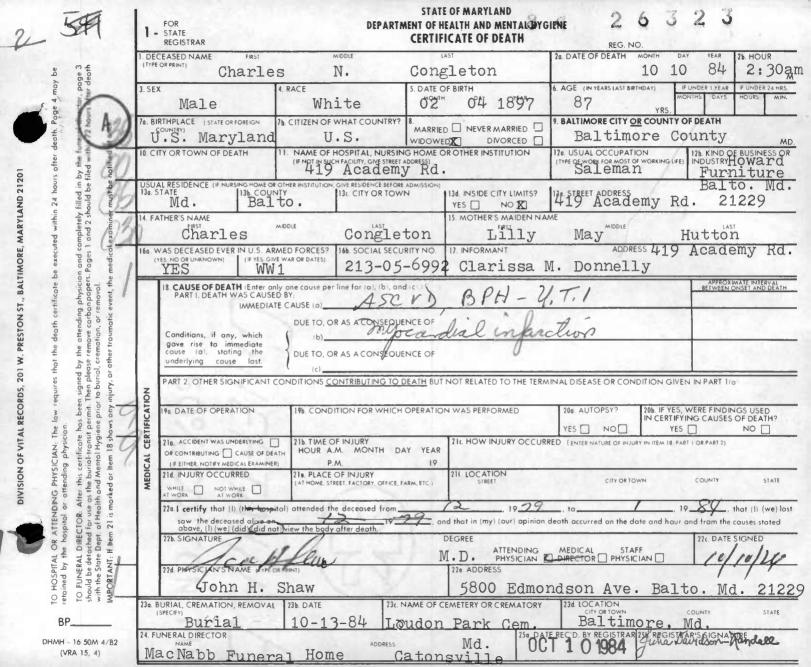
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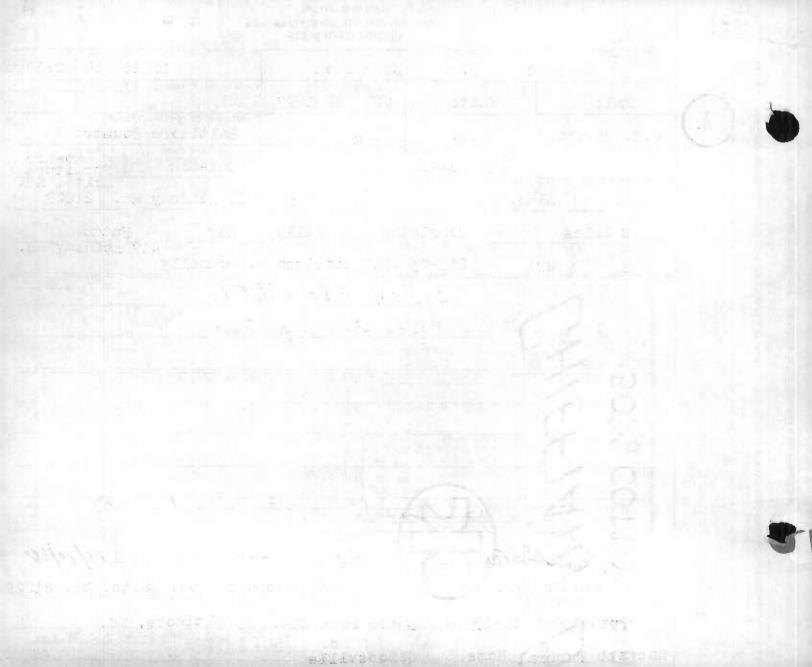
750. DATE REC'D. BY REGISTRAR 756 REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

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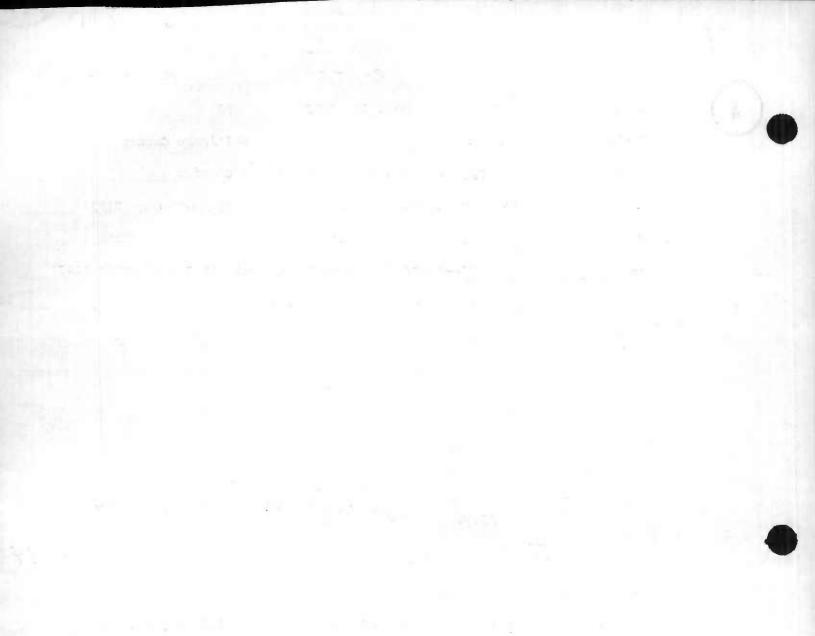
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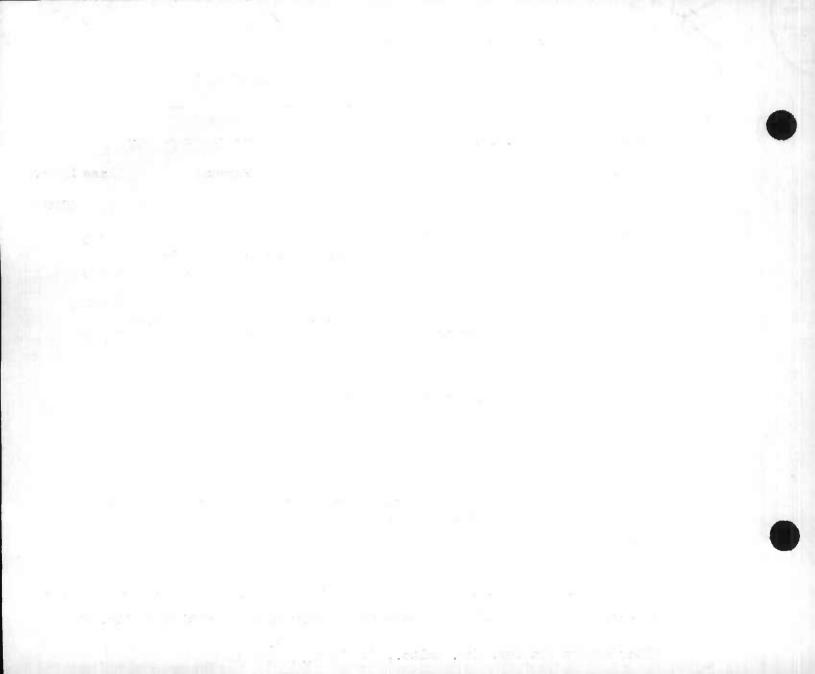


DEPARTMENT OF HEALTH AND MENTAL BY GIENE

FOR



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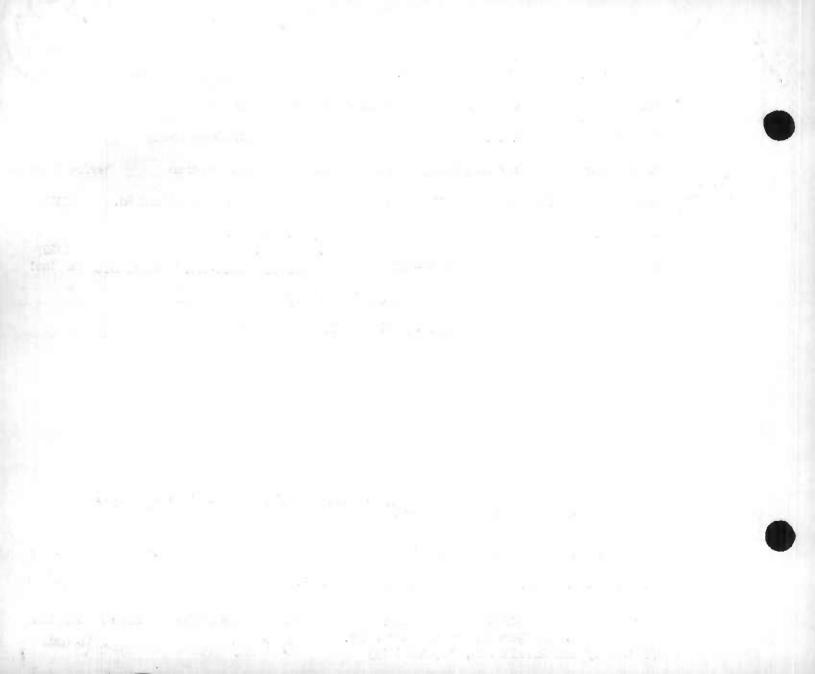
FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALLY GIENE CERTIFICATE OF DEATH

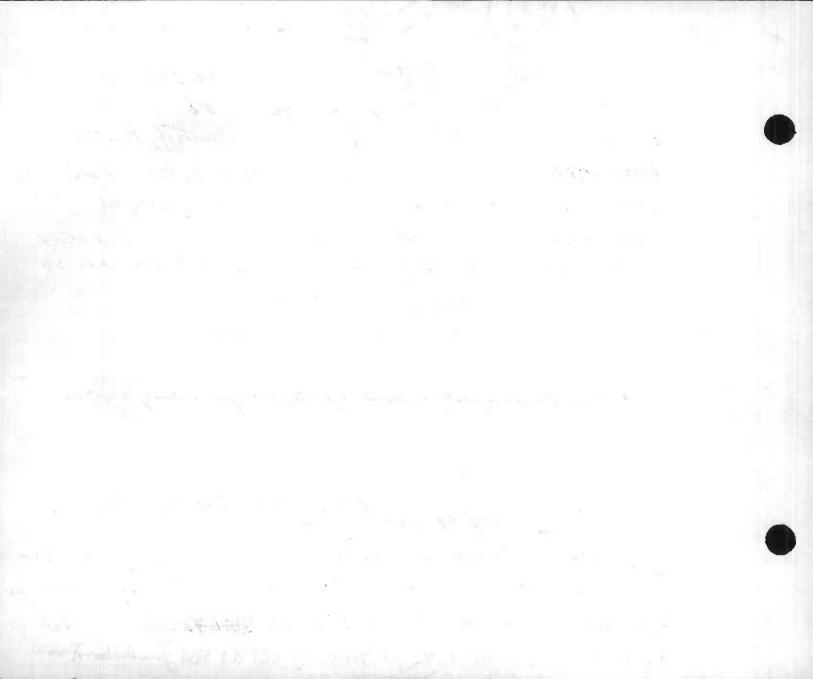
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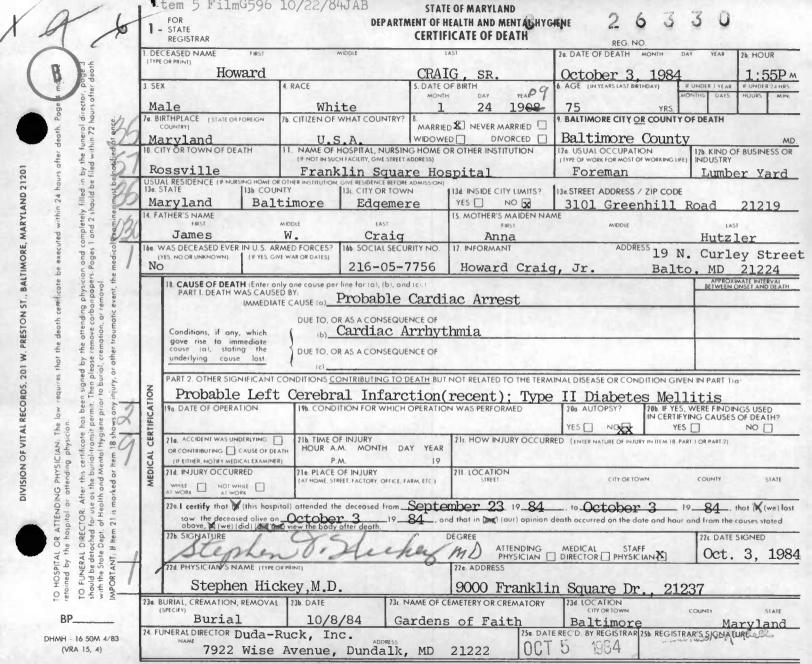
	CERTIFICATE OF DEATH	REG NO).
MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
EL B.	CORLISS	1	0 26 84 B:10A
4 RACE	5. DATE OF BIRTH		HDAY) IF UNDER TYEAR IF UNDER 24 HRS
WHITE		899 85	YRS. DAYS HOURS MIN.
76. CITIZEN OF WHAT COL	JNTRY? 8.	D	
U.S.A.			RE COUNTY ME
GBMC-6701	N. CHARLES ST .		
DUNTY 136. CITY C	N ARM YES NO N	11604 MAN	
	AST FIRST	MIDDLE	HOLMES
. ARMED FORCES? 16b. SOCIA	- 111	ADDRE	
	03-5417 WTT.T.TAM	R CORLISSII	604 MANOR RD 210
		It. OUTLINDI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
nt conditions <u>contributi</u>	<u>NG TO DEATH</u> BUT NOT RELATED TO TH		T206. IF YES, WERE FINDINGS USED
198. CONDITION FOR	WHICH OPERATION WAS PERFORMED		IN CERTIFYING CAUSES OF DEATH?
215 TIME OF INJURY	21. HOW INTURY		YES NO
- 110110 111 11011	TH DAY YEAR	CCORRED (ENTER NATURE OF INJUR	TY IN HEM IS PART TORPART 2)
	OFFICE, FARM, ETC) STREET	CITY OR TO	WH COUNTY STATE
ospital) ottended the deceased		84 to 10-26	19 84, that (I) (we) los ste and hour and from the causes stated
10 26	19 84 , and that in (my) (our) and DEGREE	pinion death occurred on the do	ote and hour and from the causes stated 22c. DATE SIGNED
on10-26	19 84 , and that in (my) (our) a	pinion death occurred on the do	ote and hour and from the causes stated 22c. DATE SIGNED
e on 10-26 d not view therholdy ofter death	DEGREE ATTEND PHYSIC 22e ADDRESS	Pinion death occurred on the do	ste and hour and from the causes stated 22c. DATE SIGNED 10/26/84
e on 10-26 d not) view therbody ofter death	DEGREE ATTEND PHYSIC 22e ADDRESS	MEDICAL STAF	ste and hour and from the causes stated 22c. DATE SIGNED 10/26/84
PECREPRINT) PERLIHY, M. D. VAL 23b. DATE	DEGREE ATTEND PHYSIC 22e. ADDRESS GBMC-67	Pinion death occurred on the death occurred occurred on the death occurred on the death occurred occurred on the death occurred oc	ste and hour and from the causes stated 22c. DATE SIGNED 10/26/84 ST.
PEOR PRINT	DEGREE ATTEND PHYSIC 22e. ADDRESS GBMC-67	OIN. CHARLES TORY 23d LOCATION CITY OF TOWN METERY BALTIN	ste and hour and from the causes stated 22c. DATE SIGNED 10/26/84 ST.
	ALTIMORE GLE MADDLE H. ARMED FORCES? S. GWE WAR OR DATES.) DUE TO, OR AS A COLUSED BY: TO ALTHER OF INJURY HOUR A.M. MON P.M. 216. PLACE OF INJURY 171. PLACE OF INJURY P.M.	REL B. CORLISS 4. RACE WHITE WHITE 76. CITIZEN OF WHAT COUNTRY? 176. CITIZEN OF WHAT COUNTRY? WIDOWEDXX DIVORCE WIDO	A RACE WHITE AUGUST 21, 1899 76. CITIZEN OF WHAT COUNTRY? U.S.A. WIDOWEDXX DNORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION WIDOWEDXX DNORCED 12. NEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ISC. CITY OR TOWN ALTIMORE GLEN ARM MADE BROWN MADE 134. INSIDE CITY LIMITS? YES DO NO X 1160 SOCIAL SECURITY NO ARMED FORCES? S. GREWAR OR DATES) DIAST ON A 3-03-5417 WILLIAM R. CORLISS11 For only one couse per line for (o), (b), and (c). 1 USED BY: DIATE CAUSE (o) CARD I OPUL MONARY ARREST DUE TO, OR AS A CONSEQUENCE OF HYPERTENSION NIT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS TO CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 216. TIME OF INJURY HOUR AM. MONTH DAY YEAR 197. 216. HOW INJURY OCCURRED (ENIER NATURE OF INJURY OF INJURY) 216. PLACE OF INJURY 217. HOW INJURY OCCURRED (ENIER NATURE OF INJURY 218. CORDITION 219. CORDITION 211. LOCATION

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BALTIMORE COUNTY				
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DEPARTMENT OF HEALTH AND MENTAL A	. 1	١			STATE OF MARTLAND	0 9 6	7 9 9
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THE FATHER'S MADE NAME STATE STAT	o :- o -0/	USU 13a.	STATE / 13b COI	OROTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	13e STREET ADDRESS / ZIP CO	DDE _ / 2/234
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4 6 E		CEASED NAME FIRST		CHICLO	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
noy be page 3			ARIE A.	CASIC	10	15 1984 M
erfor. Pi	3 SE	FEMALE	4 RACE WHIT	5. DATE OF BIRTH MONTH DAY YEAR 12 25 14	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YE AR IF UNDER 24 HRS
2 68		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUN	TY OF DEATH
	D	ARYLAND	U.S.A.	WIDOWED DIVORCED		COUNTY MD.
	-	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, C)		170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING U. S. POST OFF	
Day of the party o	WSU	AL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION GIVE RESIDE			
2 17 65	3	ARYLAND V	BAL	TINGE YES NO	5510 RELAI	
1 12	14. F/	THER'S NAME	MIDDLE	LAST 15 MOTHER'S MAIDEN	NAME	1457
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execut pand or egicol		VAS DECEASED EVER IN U.S	S. ARMED FORCES? 16b. SOC	IAL SECURITY NO. 17. INFORMANT	ADDRESS	
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R ATTEN haspital RECTOR. ned for us ppt. of He		saw the deceased aliv above, (I) (we) (did) (d	ve an_ lid nat) giew the bady after dear	th and that in (my) (our) apir	nian death occurred an the date and hi	aur and Iram the causes stated
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by the I ERAL DIR e detach State De		Jorgeci	ALLOGIC YOU	PHYSICIA	N DIRECTOR PHYSICIAN	10-13-89
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	230.	BURIAL, CREMATION, REMO		23c NAME OF CEMETERY OR CREMATO	RY 23d LOCATION	COUNTY STATE
BP	74 5	URIAL UNERAL DIRECTOR	110 19 1987	FILEW LATHENRA	DATE REC'D. BY REGISTRAR 256. REGI	STRAP'S SIGNATURE
DHMH - 16 50M 4/83 (VRA 15, 4)	5	NAME CITY OF		ADDRESS 0000		Navidson-Randelle;
(**************************************	5	VHID CHHILT	LUFILITORI	25 HARFURD RUADI	10 1984	and man .



(VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTA YGIENE

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FOR STATE REGISTRAR		DEPART		ALTH AND MENTAL CATE OF DEATH	YGIENE	REG. NO.	ن ن	3	
I. DECEASED NAME	FIRST	WIDDIE	LAS	1	7g DA1	E OF DEATH MOI	NIH DAY	YEAR 21	b. HOUR
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RUSSIA	US	A	WIDOWED			BALTIMORE	COUNTY		٨
10. CITY OR TOWN OF DEA		F HOSPITAL, NURSI		OTHER INSTITUTION	V 12a USI	UAL OCCUPATION	12b		BUSINESS C
BALTIMORE		9 CAMPFIE		#21208	(TYPE OF	HOUSEWIF		AT H	OME
USUAL RESIDENCE IN NURS	ING HOME OR OTHER INSTITUTIO	N. GIVE RESIDENCE BEFO	RE ADMISSION)				1114	A1 12	OML
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MARYLAND	BALTO.	BALTIMO		YES NO X		9 CAMPFII	ELD KD.	212	08
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160, WAS DECEASED EVER	IN U.S. ARMED FORCES		URITY NO.	17 INFORMANT	MRS. M	OSES DAV	IS		
NO	,	215-01-	9522A	7309 CAM	PFIELD	RD. BA	LTO., M	D 21	208
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E					YES	□ NOM "	YES [NO 🗌
00.000,000,000,000,000	AUSE OF EATH HOUR	OF INJURY A.M. MONTH (P.M.	DAY YEAR	21c HOW INJURY O	CCURRED (EN	TER NATURE OF INJURY IN	ILEM 18 PART I O	R PART 2)	
(IF EITHER, NOTIFY MEDICAL STATE OF THE STAT	RED 21e PLAC	E OF INJURY		211 LOCATION				DUNTY	
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saw the decease above, (I) (we) (c	ed alive on	of ofter death.	ond	that in (my) (aur) op	vinion death oc	curred on the date	and hour and I	ram the co	uses stated
226. SIGNATURE	mun Fr	ldmy	- 10	ATTENDIT PHYSICIA		CAL STAFF TOR PHYSICIAN		10/2	16/89
MAURICE	FELDMAN, M	.D.		22e ADDRESS 6610 C	ROSS CO	OUNTRY BL	VD. #	21215	
23a BURIAL, CREMATION, (SPECIFY) BURIAL				METERY OR CREMATO	ORY 23d. I	LOCATION CITY OR TOWN	cour		STATE
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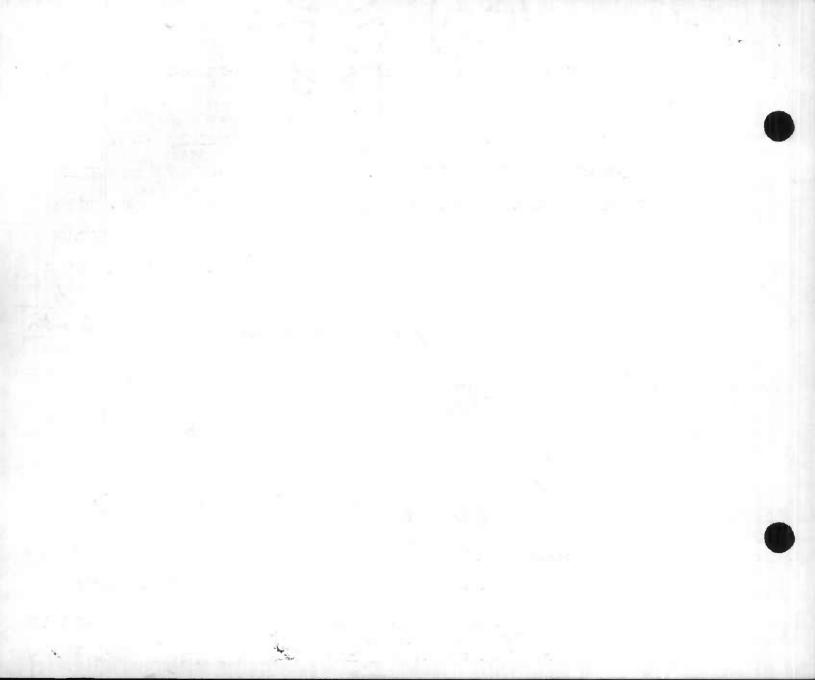
DHMH - 16 50M 4/83 (VRA 15, 4)

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24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD

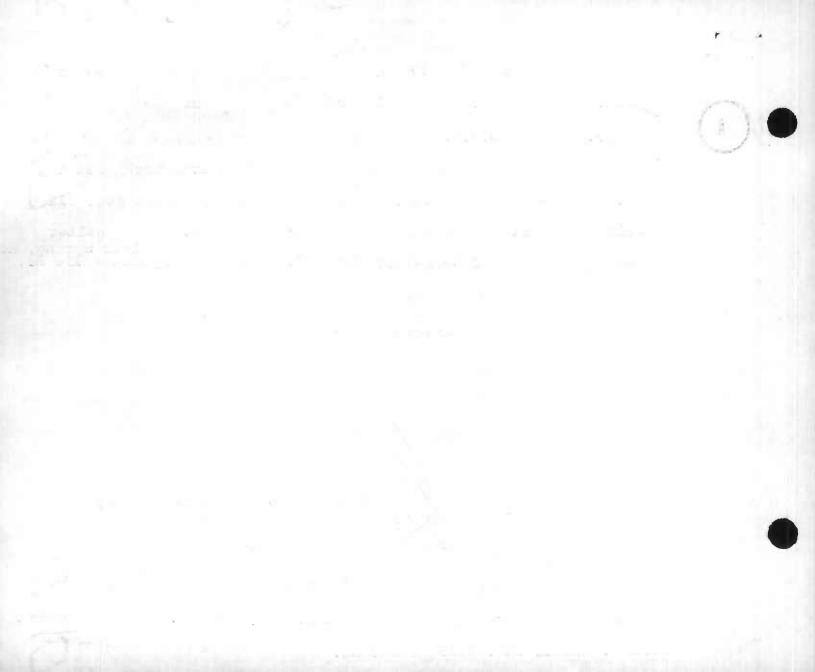
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250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



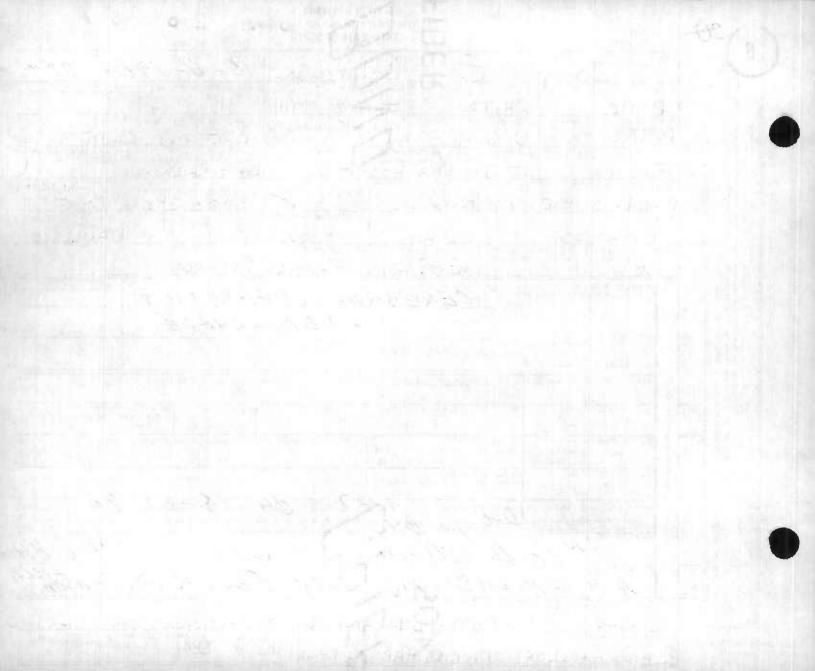
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80	_	THER'S NAME		11-11/17			IS MOTHER'S MAIDEN NA	ME		
19/1	P	eter		ACIDIE	Eskelson		Mathilda	WORKE	Jol	nnson
9 1		VAS DECEASED EVER			166 SOCIAL SECU		17. INFORMANT	ADDRE		200
1/	N		N/A	WAN CH DAPETS	218-54-	0097	Richard A.	Day, 1411 0	lenwilde	Road
Then ple or to busin r injury, o	NOIL	PART 2 OTHER SIGN	6	I. RI	eding.	5 H	protestings o	74		
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Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

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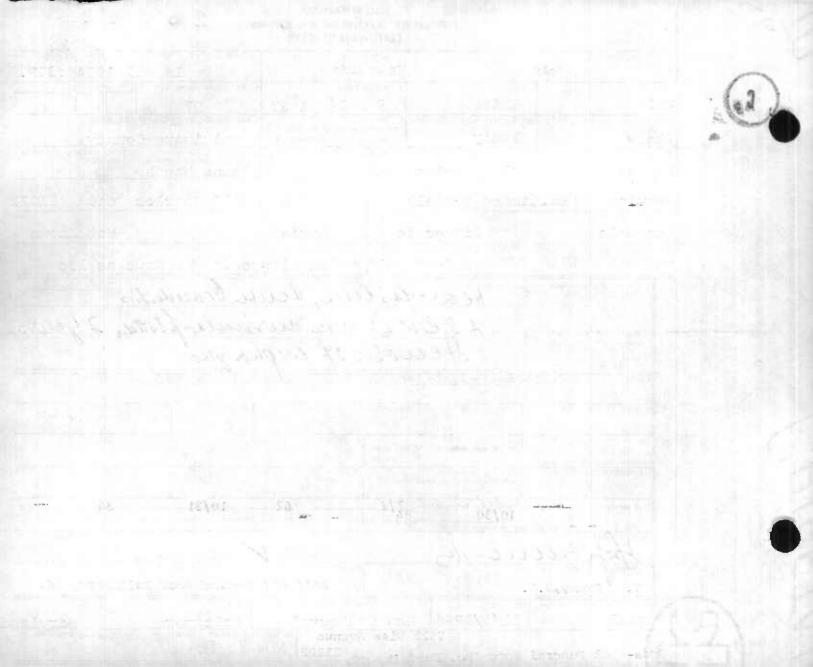
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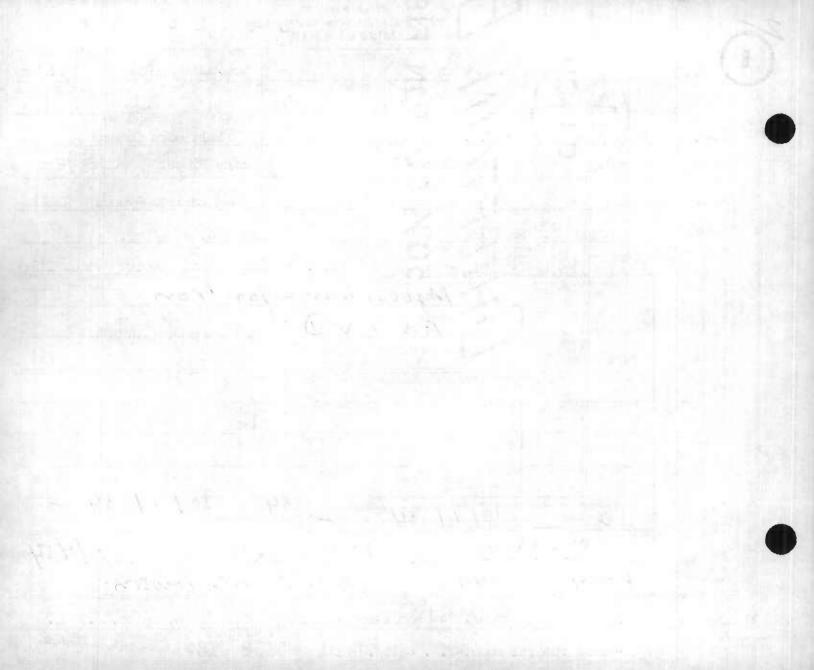


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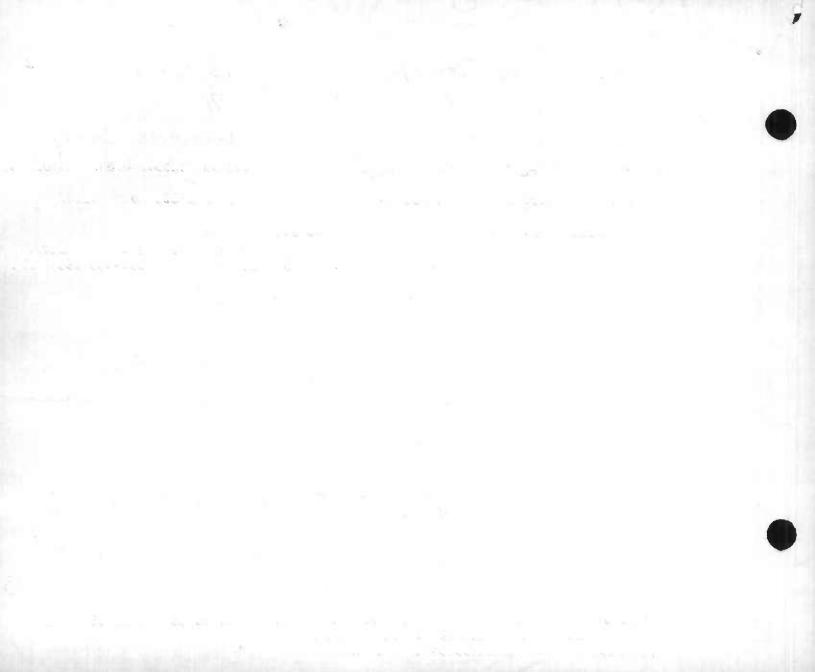
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGUENE

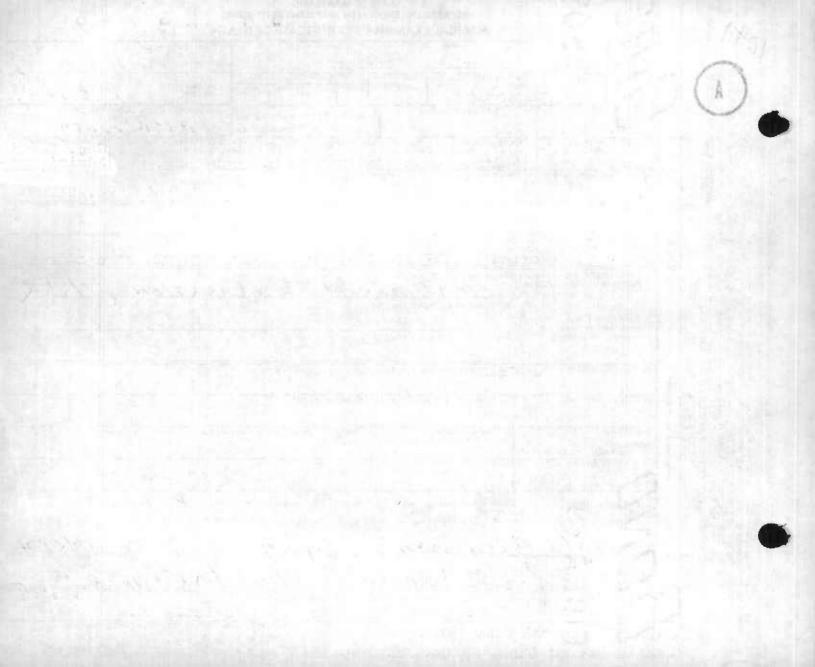


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6	1-	STATE REGISTRAR	CERTIFICATE OF DEATH . REG. NO.
		CEASED NAME FIRST	MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
nay be page 3 r death			Toseph DobrzyKows/ 1038- [625tm
fer p	3. SE		4. RACE S. DATE OF BIRTH MONTH DAY YEAR 18 UNDER 1 YEAR IF UNDER 24 HBS. MONTHS DAYS HOURS MIN.
Pogo and	7e. BI	MALE RTHPLACE (STATE OR FOREIGN	The CITIZEN OF WHAT COUNTRY? &
death.		OUNTRY)	WISA WIDOWED DIVORCED BASTIMORE County MD.
offer offer off	0	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME ORIOTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120 USUAL OCCUPATION (IYE OF WORK FOR MOST OF WORKING LIFE) 121 USUAL OCCUPATION (IYE OF WORK FOR MOST OF WORKING LIFE) 122 USUAL OCCUPATION (IYE OF WORK FOR MOST OF WORKING LIFE) 123 USUAL OCCUPATION (IYE OF WORK FOR MOST OF WORKING LIFE) 124 USUAL OCCUPATION (IYE OF WORK FOR MOST OF WORKING LIFE) 125 USUAL OCCUPATION (IYE OF WORK FOR MOST OF WORKING LIFE) 126 USUAL OCCUPATION (IYE OF WORK FOR MOST OF WORKING LIFE) 127 USUAL OCCUPATION (IYE OF WORK FOR MOST OF WORKING LIFE) 128 USUAL OCCUPATION (IYE OF WORK FOR MOST OF WORKING LIFE) 129 USUAL OCCUPATION (IYE OF WORK FOR MOST OF WORKING LIFE) 120 USUAL OCCUPATION (IYE OF WORK FOR MOST OF WORKING LIFE) 120 USUAL OCCUPATION (IYE OF WORK FOR MOST OF WORKING LIFE) 120 USUAL OCCUPATION (IYE OF WORK FOR MOST OF WORKING LIFE) 120 USUAL OCCUPATION (IYE OF WORK FOR MOST OF WORKING LIFE) 120 USUAL OCCUPATION (IYE OF WORK FOR MOST OF WORK INGLIFE) 120 USUAL OCCUPATION (IYE OF WORK FOR MOST OF WORK INGLIFE) 120 USUAL OCCUPATION (IYE OF WORK FOR MOST OF WORK INGLIFE) 120 USUAL OCCUPATION (IYE OF WORK FOR MOST OF WORK INGLIFE) 120 USUAL OCCUPATION (IYE OF WORK FOR MOST OF WORK INGLIFE) 120 USUAL OCCUPATION (IYE OF WORK FOR MOST OF WORK INGLIFE) 120 USUAL OCCUPATION (IYE OF WORK FOR MOST OF WORK INGLIFE) 120 USUAL OCCUPATION (IYE OF WORK FOR MOST OF WORK INGLIFE) 120 USUAL OCCUPATION (IYE OF WORK FOR MOST OF WORK INGLIFE) 120 USUAL OCCUPATION (IYE OF WORK FOR MOST OF WORK INGLIFE) 120 USUAL OCCUPATION (IYE OF WORK FOR MOST OF WORK INGLIFE) 120 USUAL OCCUPATION (IYE OF WORK FOR MOST OF WORK INGLIFE) 120 USUAL OCCUPATION (IYE OF WORK FOR MOST OF WORK INGLIFE) 120 USUAL OCCUPATION (IYE OF WORK FOR MOST OF WORK INGLIFE) 120 USUAL OCCUPATION (IYE OF WORK FOR MOST OF WORK INGLIFE) 120 USUAL OCCUPATION (IYE OF WORK FOR MOST OF WORK INGLIFE) 120 USUAL OCCUPATION (IYE OF WORK FOR WORK INGLIFE) 120 USUAL OCCUPATION (IYE OF WORK FOR WORK INGLIFE) 120 USUAL OCCUPATION (IYE OF WORK FOR
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E, MARYLA uthin uted within completely and 2 sh		THER'S NAME	Is. MOTHER'S MAIDEN NAME MIDDLE Stella Socha LAST
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours speign and completely filled in by opers. Pages hand 2 should be fill wol. It, the medical examiner myst being the medical examiner.		VAS DECEASED EVER IN U.S. AR	
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he law re oon. hos beer it permit. iene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
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DHMH - 16 50M 4/83	24. FI	INERAL DIRECT Poring	Byers Funeral Directors, Inc. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
(VRA 15, 4)	8	3728 Liberty Ro	ad Randallstown, MD. 21133 OCT 4 1984 Julia Davidson-Randalls



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERT TE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 26. DATE KNOWN A MONTH 2b. HOUR (TYPE OR PRINT) ESTI-Louis Frederick DEATH MATED Dorbert 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 5 DATE OF BIRTH 4 RACE SEX DATE LAST BIRTHDAY) PRONOUNCED DEAD 5 19 2/15/3 Male Cauc 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE O MARRIED X NEVER MARRIED FOREIGN COUNTRY) USA Balto. DIVORCED Md. WIDOWED [CITY OR TOWN OF DEATH I NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126. USUAL OCCUPATION (TYPE OF WORK Gen. Gen. Servic Administra-County General Hosp. Opr. Eng. Balto. AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Eion 134 INSIDE CITY LIMITS? 13e STREET ADDRESS 131 COUNTY Balto. 3a STATE 5505 Cedonia Ave. 21206 Md. YES X NO [] 15. MOTHER'S MAIDEN NAME FATHER'S NAME MIDDLE LAST MIDDLE LAST FIRST Mary Bowers Louis P. Dorbert 17. INFORMANT ADDRESS MAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO. DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-26-0360 Mrs. Doris Dorbert, same address Yes Korean 18. CAUSE OF DEATH (Enter only one couse per ling-for (a), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 196. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF 3 SHOULD BE US DEPARTMENT OF PRIORITO BURIAL. YES NO T 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME. 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE AT WORK 22s I certify that I took charge of the remains described above, held an Autopsy and in my opinion DIRECTOR latural causes Homicide Undetermined monner FUNERAL DI EXAMINER'S NAME AFTER 0 230. BURIAL, CREMATION, REMOVAL COUNTY 10/9/84 Balto., Holy Redeemer Md. Burial 250, DATE REC'D. BY REGISTRAR 1256, REGISTRAR'S SIGNATURE Schimunek Funeral Home, Inc. DHMH - 17 (VR A15 ME (5)) 15M 7/76 3331 Brehms Lane, Balto., Md.



44		STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENT ASHYGHENE STATE CERTIFICATE OF DEATH REG. NO REG. NO	
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AND 21201	13a. S	RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION OF OF RESIDENCE BY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 7/22 DOORS Rd. 2/22 Md. BRITINGE BALLDIORE YES NO 12 7/22 DOORS Rd.	27
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TTENDIN pital or TTOR. Af for use a of Health		22a. Certify that (1) this haspital) attended the deceased from 1994, 1984, to 0.4. 26, 1994, that (1) we) la saw the deceased olive on above (1) we) (did) did not view the body after death.	ıst
PITAL OR A by the hos tERAL DIREC		DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN (1972)	
TO HOSPITAL retained by the TO FUNERAL should be detained with the State with the		Red PHYSICIAN'S NAME (TYPE OR PRINT) Rellin 220 ADDRESS Foodulls form. Md, 2/35	
BP	23a B	BIAL CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OF CREMATORY 23d. LOCATION CITY OF BALTIMORE MZ	
DHMH - 16 50M 1/81 (VRA 15, 4)	24 F.L	HERAL DIRECTOR . Haight Sypparille Md. OCT 2.9 1081 his Davidson-Randolle	*

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FOR - STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BYGIENE

CERTIFICATE OF DEATH

Old Eastern Ave U

7b HOUR

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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STATE

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20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

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22C DATE SIGNED

10/03/84

YES [

25g_DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

IF UNDER 1 YEAR

LAST

DHMH - 16 50M 4/83

(VRA 15, 4)

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DHMH - 16 50M 1/81 (VRA 15, 4)

any injury, ar ather traumatic event,

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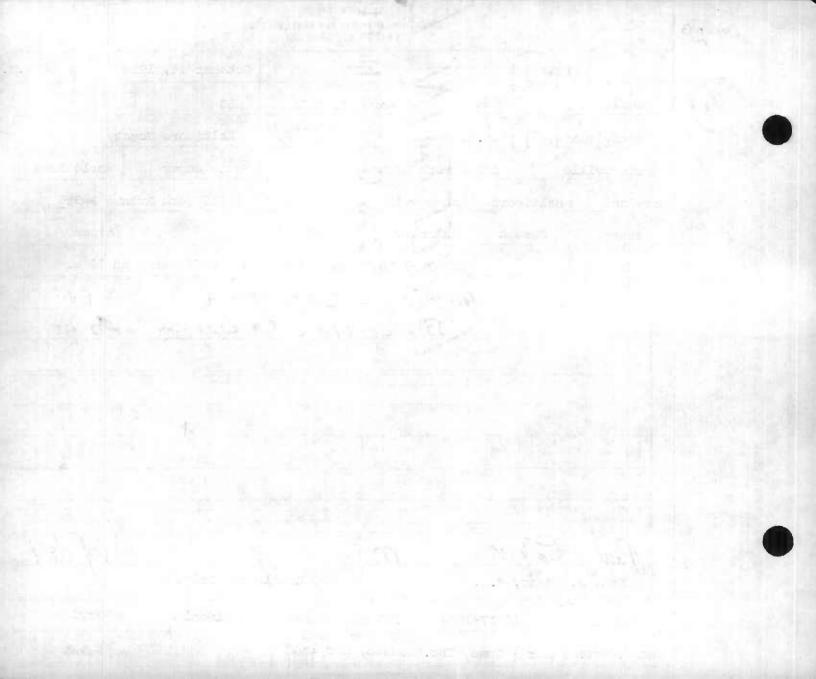
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENT ADHYGIENE CERTIFICATE OF DEATH

Sulin Davidson- Aandelle

>	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENT CHYG ICATE OF DEATH	TENE REG. N) J J			
		CEASED NAME FIRST E OR PRINT) ELIZA		CLAIRE		asi J FFY	October 14	MONTH DAY	YEAR	26 HOU 9:00	R A.M
d	3 SE	X	4 RACE		5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR		DER I YEAR	IF UNDER	24 HRS
		Female	White		Marc	th 1, 1931 FEAR	53	YRS	S DAYS	HOURS	MIN.
r		IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	- Ft MENER WARRED TO	9 BALTIMORE CITY C		EATH		
2		Pennsylvania	U.S.	Α.	WIDOWE	D NEVER MARRIED DIVORCED	Baltimo	ce County	У		MD.
		Ockeysville	(IF NOT IN SUCI	IOSPITAL, NURSI H FACILITY, GIVE STREE 15 York	T ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Housekeepe		b KIND O	F BUSINE	SS OR
2	USU. 13a S Ma	AL RESIDENCE (IF NURSING HOME STATE 136 COU aryland Bal		GIVE RESIDENCE BEFOR 13¢ CHTY OR TOV Cockeys	WN.	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 10515 YOU	ck Avenu	e 10 :	515	030
Z	14. FA	ATHER'S NAME FIRST Bernard J	MDDLE Toseph	Malark	ey	15. MOTHER'S MAIDEN NA/ Jennie	WE	K	eipei	i c	
1		WAS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRI		4.73		7
		No	Sive war Or Dailes)	203-26-	7976	Mr. Charles	John Duffy	same as	13 €	€.	
	NO	Canditians, if any, which gave rise to immediate cause 101, stating the underlying cause last. PART 2 OTHER SIGNIFICANT	(c)	1917 RAS A CONSEQU			arcinom inal disease or con		2 I	YIT	
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING	RE FINDING CAUSES	NGS USED OF DEAT	H?
Ì		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.	M. MONTH	DAY YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1: C	OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (OF INJURY EET FACTORY, OFFICE.	FARM, ETC)	211 LOCATION STREET	CITY OR TO	wn c	COUNTY	5	TATE
		22a.1 certify that (1) (this has saw the deceased alive c abave, (1) (we) (did) (did)	on	19_		nd that in (my) (aur) apinian c	, ta death accurred an the d		fram the		
1		Paul J E	ly un		m.	ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC	F IIAN 🗆	10/	SIGNED 5/8	4
		Paul J. Edo				660 Kenily	worth Drive				
	23a E	BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d LOCATION Timoniu	m cot	Mary	land	TATE
	24 FI	Burial UNERAL DIRECTOR	10-17-			ney Valley ork Road 1250 DATE			-		

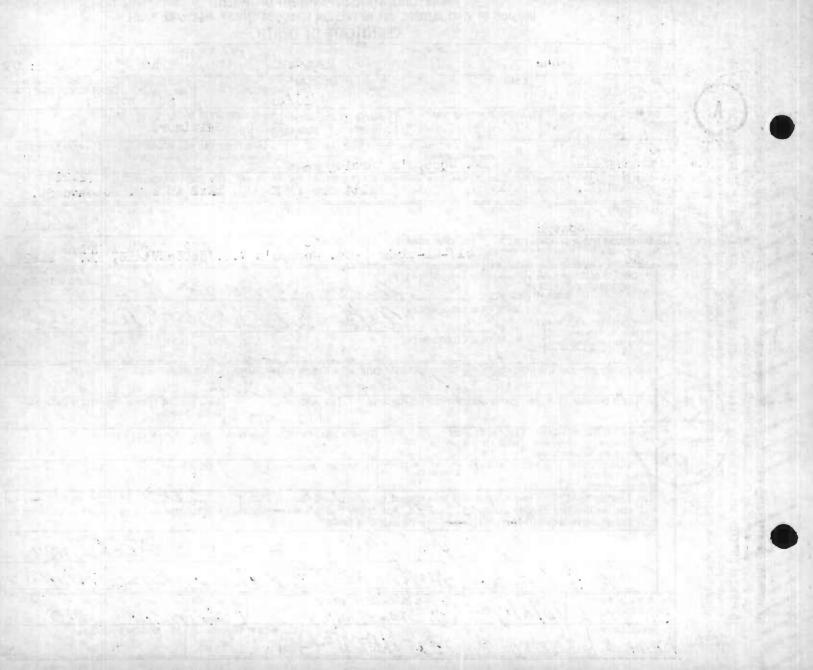
Ruck Towson Funeral Home, Inc. Towson, Maryland





1/10-			D	IVISION OF	VITAL RECORDS,		ICATE OF		RE, MARYL	ASD 21201 ·	, ,	
death.			First nna		Middle	4	last Dymot		DATE OF DEA	ATH Month O Doy	2 Yeor 8	2b. HOUR A
of the state of th	3. SE	x F		4. RACE	Ň		S. DATE OF B	IRTH 6/16	6. lo	AGE (In years ast birthdoy) YRS.	MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN.
certificate be executed within 24 hours g physician and completely filled in by then please remove carban papers and and in any event, within a hours	cour	MD	71	. CITIZEN OF W US.	A	WIDOW		RCED	Balti	more		Mc
e death certificate be executed within 2 attending physician and completely filler permit. Then please remove carban pagan, or remaval, and in any event, within	C	atonsville		giye	AME OF HOSPITAL OR IN street oddress) L. Joseph	s Nu	sing Hor	during mast a	f warking life,	nd of work done , even if retired.)	12b. KIND OF INDUSTRY	
complete ove carl	adm	USUAL RESIDENCE (Where dission) STATE MD.	eceased	13b. COUNTY			or town timore	YES NO	13e. STREET	AND NUMBER 1002 S.	(212) Potomac	St.
cian and co		ATHER'S NAME First JOS		Middle	Last	NO I		AIDEN NAME First		Middle		lost inski
physicia aval ar	16a. Y	no	s give war o	r dates of service)	16b. SOCIAL SECURITY 217-01-61	54	7. INFORMANT St. Jos	seph's N.	H./Cat	2 TAddress 1 ons VIIIe	ه لللاد و	21228
	1	18. CAUSE OF DEATH (Ent PART I. DEATH WAS C 1M	AUSED B	one couse per l Y: CAUSE (a)	ne for (o), (b), and (c)	Re	to car	adige C	Errest	4	BETWEEN O	NSET AND DEATH
the the matin	3	Conditians, if any, which g		(b)	AS A CONSEQUENCE OF	U	les sols	whe Cara	la Va	serbe Des	10 3	year?
equires th physician signed by burial-trai burial, cre		stating the underlying calast.		(c)	AS A CONSEQUENCE OF			ı				
w required in the purchase in	NO	PART 2. OTHER SIGNIFICAN			lly.	her	mer:	Desea	-e			
The atternation has se a the price of the pr	CERTIFICATION	19a. DATE OF OPERATION			HICH OPERATION WAS PI		YES	NO 🗆	CAUSES OF			ERTIFYING
ilCIAN: The pital or at rrifficate ho ed for use af Health	MEDICAL CE	21a. ACCIDENT WAS UNDE OR CONTRIBUTING CAUSE ((If either, notify medico) e	of OEATH xaminer	21b. TIME C HOUR A.M. P.M.	Manth Doy Year	9		CURRED (Enter nati			Item 18.)	
JING PHYSIC by the hospil frer this certi be detached State Dept. of	M	at wark ot wark			(AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.				City or 1		County	Stote
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. 5 FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. af Health priar ta burial, creashould be filed with the State Dept.		22a. I certify that (1) saw the decease causes stated a	ed aliv	e an	ended the deceas	9.84	and that in Im	, 19 <u>8 4</u> ny) (our) apiniar	death accu	urred on the do	te and haur	(I) (we) las and fram the
OR AT be retained by the original of the origi		22b. SIGNATURE	4	lele	Moke	n An	ATTENDII PHYS.		OR ST	TAFF D 22c. I	DATE SIGNED	784
FITAL FRAL or, poor		22d. PHYSICIAN'S NAME (Type)	N	ELSON) Me/4	Ay	MD 22e. ADD	32 N. Kol	LING	RelBal	to mal	2/228-
TO HOS Page 4 TO FUN direct shoul	6	REMOVAL (Specify)	23b. DAT	5/198	4 57.51	CEMETERY,	OR CREMATORY	10	DALTI	MORE	(County)	(Stote)
VR A15 (4) 30M REV. 1/68	X.	TUNERAL DIRECTOR K	CZD	ROWSI	F1 2525	FLEE	T 51,21224	25a. REC'D BY REC	1984	2Sb. REGISTRAR'S		22

MAKILAND STATE DEPARTMENT OF HEALTH



7	1.	FOR - STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTACY ICATE OF DEATH	SIENE 2	6 3 5	5 4	
m/		CEASED NAME FIRST		NIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR 26	HOUR
o o o o				RGARET E	AGAN		OCTOBER			5:45 M
	3. SE	x Female	4 RACE White	2	Dec.	8, 1 902 YEAR	6. AGE IIN YEARS LAST BIR	YRS.		UNDER 24 HRS OURS MIN.
3/6		RTHPLACE (STATE OR FOREIGN Pennsylvania	76. CITIZEN OF V	VHAT COUNTRY?	MARRIE	D NEVER MARRIED	Baltimore City of			
O Note		Baltimore	Valle	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Valley Nursing Home			12a USUAL OCCUPAT (TYPE OF WORK FOR MOST C Cashier	ION 1: DE WORKING LIFE)	26. KIND OF 8 NDUSTRY Schoo]	
A Lines	13a.	Maryland B	YINUC	GIVE RESIDENCE BEFOR 136 CITY OR TOW Baltimor	/N	13d. INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS 7712 01	ZIP CODE d Harfor	rd Rd.	21234
exomin	1	ATHER'S NAME Elvie Benning		LAST		Bessie Re	ynolds MIDDLE		tast	
medica	160 \	VAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) (IF YES	ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT	3700 Eas	than Rd		
e a		No		215-07-9	103	Hugh A. Eaga	n Randalls	town, Mo	APPROXIMAT	
shaws ony injury, ar ather	CERTIFICATION	PART 2. OTHER SIGNIFICATION 19e DATE OF OPERATION	NT CONDITIONS CO	Warned	DEATH BUT	NOT RELATED TO THE TERM PE N WAS PERFORMED	206 AUTOPSY?	20b. IF YES, WE IN CERTIFYING	ERE FINDINGS G CAUSES OF	
9		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	DEATH HOUR A.A	A. MONTH D	AY YEAR	21c HOW INJURY OCCUR				
3	MEDICAL	2)d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C			21f. LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
T. If Item 21 is ma		220.1 certify that (1) (this h sow the deceased alive above, (1) (we) (did) (did 22b. SIGNATURE	00 04	5 19	, 01	DEGREE ATTENDING PHYSICIAN	, to CT death occurred on the d MEDICAL STA DIRECTOR PHYSIC		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NED
IMPORTANT: IF	22		Scalia, M		NAME OF	220 ADDRESS 11722 Reiste				
_		BURIAL, CREMATION, REMO (SPECIFY) Burial UNERAL DIRECTOR			laney	Valley Memori Vork Rd. 250 DAT	ial Timoniu	25LADEC ISTRAD	CCICALATIANE	
M 4/83 4)		tchell-Wiede	feld Home	Inc.Ba			T 9 1984	Julia Dav	idson-ha	ndell

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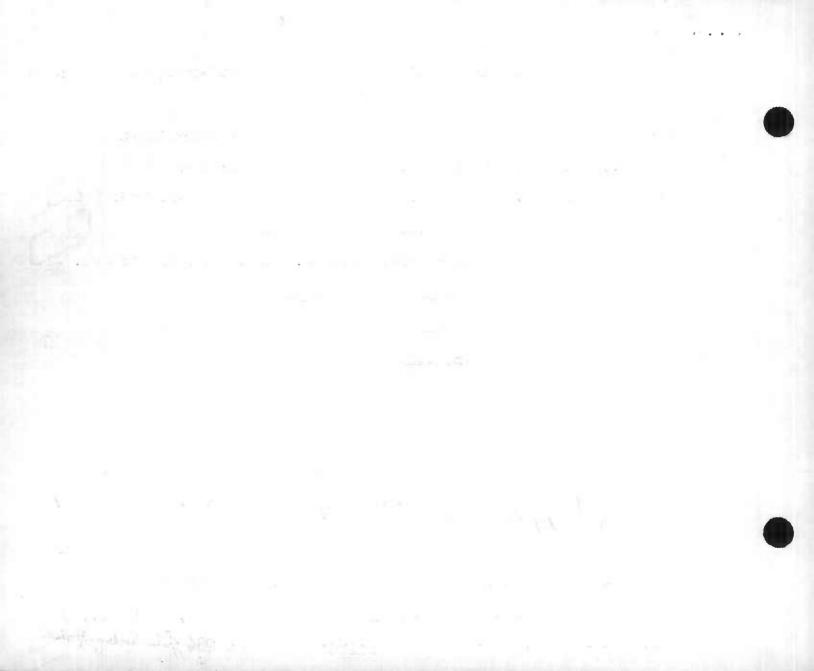
tot	1-	FOR STATE , REGISTRAR	DEPA	RTMENT OF H	E OF MARYLAND IEALTH AND MENTAL BYG ICATE OF DEATH	IENE 2	6 3 5	j
£		CEASED NAME FIRST E DWAF	RD T. EAS	STWICK	AST		0 25 184	26. HOUR a 6:05 4
1	3 SEX		4 RACE	5. DATE C	OF RIRTH	6 AGE LIN YEARS LAST BIRTH		701
	3 367	MALE	White		23, 1918	65	MONTHS DAYS	
67	(RTHPLACE (STATE ORFOREIGN COUNTRY) New Jersey	76 CITIZEN OF WHAT COUNTS	RY2 8	D NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH	MD.
10		TOWSON	GBMC OF HOSPITAL, NUR	SING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Broker	WORKING LIFE) INDUSTR	OF BUSINESS OR
35		AL RESIDENCE (IF NURSING HOME OF TATE 136 COUR	ROTHER INSTITUTION GIVE RESIDENCE BE NTY 136. CITY OR TO Balto	OWN	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS /		
3n	14. FA	Thomas	S. Eastwice	ck	IS MOTHER'S MAIDEN NAME FIRST	ME MIDDLE	Kampmei	ast er
The dica			VE WAR OR DATES)		17 INFORMANT	ADDRES		
E			N II 197 07		Carl East	WICK,	Same	DXIMATE INTERVAL N ONSET AND DEATH
ony injury, or other tro	CERTIFICATION	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (190 DATE OF OPERATION	DUE TO, OR AS A CONSE	QUENCE OF AND		LURE	DITION GIVEN IN PART 206. IF YES, WERE FINE IN CERTIFYING CAUSI	DINGS USED
and a	RTIF					YES NO	YES 🗌	№ □
Bu 18 G		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE)		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	Y IN ITEM (B. PART) OR PART 2	
rked or la	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI		211 LOCATION STREET	CITY OR TOW	OUNTY	STATE
of Health			at view the body ofter death.	0.1	nd that in (my) (us opinian	death accurred an the dat	te and have and fram th	, that (1) Colost e causes stated
be detoched e State Dept. TANT: If Item		1. Rossenl	ura			MEDICAL STAF	10	25/84
should be de with the Stat		22d. PHYSICIAN'S NAME (TYPE OF A			22e ADDRESS			
04° 3 ₹	23a E	iurial, cremation, removal ^{specify)} B uri al			emetery or crematory gh Cemetery	Camden	New J	ersev
50M 4/83	24 FL		y W. Jenkins	& Soi	ns Co. ?Sa. DAT	E REC'D. BY REGISTRAR 2		

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FOR





STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL TYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE OF DEATH 2b. HOUR LIVPE OR PRINTS ELLIS 55 GUSSIE 84 4. RACE 6. AGE (IN YEARS LAST BIRTHDAYS 3 SEX 5. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS MONTH DAY YEAR 06 96 LACIL 70. BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) COUNT LOUISA WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE RANDELLSTOWN Meridian nursing home Kandelston, USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 136 COUNTY 13d. INSIDE CITY LIMITS? 13g. STREET ADDRESS KANDFLIS TOWN 109 LIBERTY KOAD 21133 YES IL DALTIMORE NO [14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME CLLEMMA HLERNDON ICHARD 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. LIF YES, GIVE WAR OR DATEST 23120 Mas CAEMMA CARRINGTON 5021 ELOITS CAL ROAD 18 CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c) PART I. DEATH WAS CAUSED BY: adiac IMMEDIATE CAUSE (0) DUE TO, OR AS ARONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the Ventricular arnithmias underlying couse lost. PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LID Severey 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED CONDITION FOR WHICH OPERATION WAS PERFORMED N CERTIFYING CAUSES OF DEATH? YES NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING __ CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 III. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from 10/ sow the deceased all and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 77h SIGNATIN DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN FUNERAL MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS should be with the S 0 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION RICHMOND BURIAL COUNTY 10 -27-84 MAURY CEM VA 24. FUNERAL DIRECTOR 25e, DATE REC'D, BY REGISTRA REGISTEAR'S SIGNATURE DHMH - 16 50M 4/B2 VOSEPH L. RUSS 1222 W. LIS RIH (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL WYGIENE

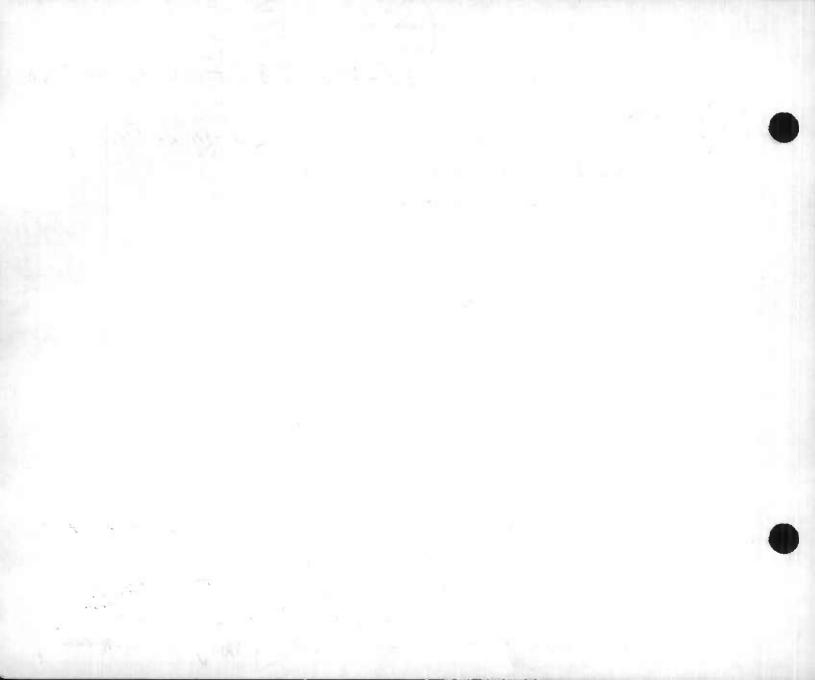
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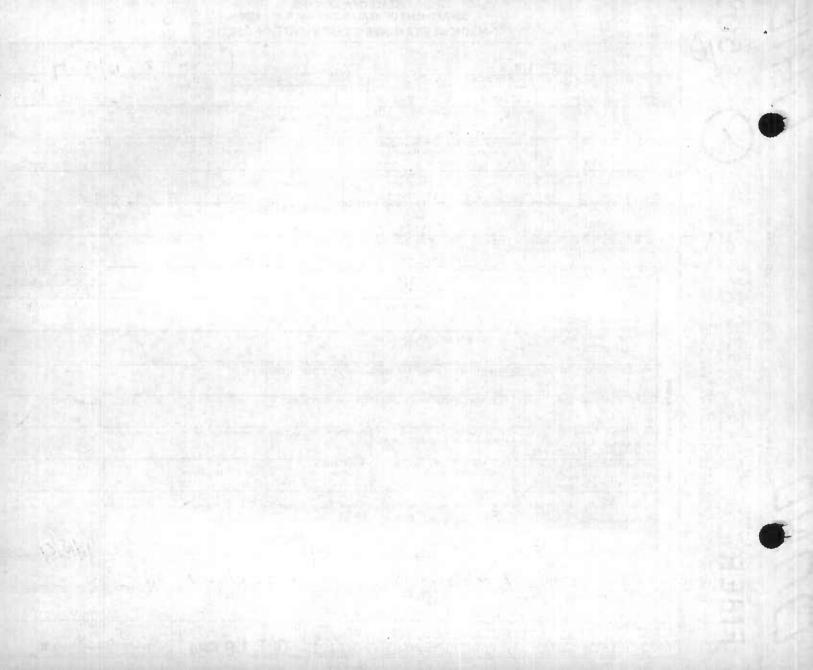
1 -	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL WYG		0 0	0 0	
1 DEC	CE ASED NAME	FIRST	,	MIDDLE		AST	REG. NO	MONTH DA	Y YEAR 26	HOUR
	OR PRINT]	ATTIE		E.	EL	1115	OCTOBE.	e 29	1984 5	5:10 AM
3. SE)	X	4. F	RACE		5 DATE C		6. AGE (IN YEARS LAST BIR			JNDER 24 HRS
	Female		Blac		12	27 06	77	YRS.		MIN.
	RTHPLACE (STATE OR F	OREIGN 76		WHAT COUNTRY?	MARRIE	D NEVER MARRIED	BALTIMORE CITY O	R COUNTY C	DE DEATH	
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14. F.A	ATHER'S NAME	54.	200.	ROOGIE	1 44 11	15 MOTHER'S MAIDEN NA		2		,
	Henry	MID	DLE	King	g	Flore	nce		Hayes	3
	VAS DECEASED EVER	IN U.S. ARME (IF YES, GIVE W.		125-16		Michael E	rvin 7802		ood Cir	
	II CAUSE OF DEATH	H (Enter only o	ne coure per	·					APPROXIMATE BETWEEN ONSE	
	PART I. DEATH W	AS CAUSED B	Υ:	MUOCA	PRDI	AL INFAR	RCTION		DETWICK ON SE	TAIND DEATH
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	Conditions, if ony,	which ((b)	K AO A COMOLGIOL	.,,,,					
	gove rise to imm couse (a), stating underlying couse	nediote g the		r as a conseque	NCE OF					
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CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDINGS ING CAUSES OF	
THE						4	YES NO	YES		10 🗆
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ME	WHILE NOT WH	IKE 🗌	(AT HOME STE	REET FACTORY, OFFICE FA	ARM ETC)	STREET	CITYONTO	WN	COUNTY	STATE
	22a. I certify that (I) sow the decease		ottended th	e deceased from		nd that in (my) (our) opinion	dooth covered on the d		9 that	
	obove, (I) (we) (d	lid) (did not) v	iew the body	after death.		DEGREE	aconi occorred on the do	ne and rout (DATE SIG	
-4	Plu		1/	luni	1	7 ATTENDING	MEDICAL STAI	F	DAIE SIG	INED
	724 PHYSICIAN'S NA	ME THEORY			19	22e ADDRESS	☐ DIKECTOK ☐ SHAZK	IAN LJ	1	-
	PEMA	1 C	HH	1 1						
	BURIAL, CREMATION,		23b DATE			EMETERY OR CREMATORY	23d LOCATION		COUNEY	STATE
	Buria	1	11	3-84	Mary	land Nation	al L	aurel	Md.	
24. FI	WITH C N	larch	F/H 1	I 1 ∩ 1 AD155 SS	Nort	h Ave OCT	E REC'D. BY REGISTINAR	256 REGISTR.	AR'S CIGNATURE	

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR. should be detached to with the State Dept of MPORTANT, If Its





-	1-	FOR STATE REGISTRAR		DEPARTMENT OF HE	OF MARYLAND EALTH AND MENTAL TYG ICATE OF DEATH	IEŃÉ 2	6 3 6	5 2	
		CEASED NAME FAST	MARSHA.		GLTSH	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
		J				6. AGF TIN YEARS LAST BIRTH	10 19	84 ER I YEAR	1:15P M
	MA.		4. RACE WHITE	S. DATE O		85	YRS.	_	HOURS MIN
1		NTHPLACE LLIAN OFFORMOR DONLING Indiana	76. CITIZEN OF WHAT CO	DUNTRY? 8. MARRIED WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF BALTIMORE	The second second	EATH	MD.
1	LO	NG GREEN		N'NURSING	ROTHER INSTITUTION HOME	Hetired MOST OF	WORKING LIFE) 12b	est'e	rn South- e Ins.
3			OUNTY BA		13d. INSIDE CITY LIMITS?	'61'50' Parkwa	Zy Chrive	212	12
20	19 **	Clifford		nglish	15. MOTHER'S MAIDEN NAME FIRST	WIDDIE	100	mith	
2	100 1	DECEASED EVER IN U.S		-07-0144	Dr. Nax En	glish 113 6		den	Rd.
201		PART I. DEATH WAS CA	er only one couse per line for t USED BY: DIATE CAUSE (o)	o), (b), and (c).)	Vasculo	acció	Cent	APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A C	enterno	Sclenosi	5		min	y yens
	NO	PART 2. OTHER SIGNIFICA	NT CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN	PART I	
1	CERTIFICATION	1% DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES		
1	100	21s. ACCREME WAS IMPROVED ON CONTRIBUTING CAUSE OF EATHER, MOTER MEDICAL REAL	HOUR A.M. MC	ONTH DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 O	RPART 2)	
	MEDICAL	THE BHILIRY OCCURRED	21e PLACE OF INJUI (AT HOME, STREET, FACTO		211 LOCATION STREET	CITY OR TOV	AN C	OUNTY	STATE

22a | certify that (1) (this haspital) attended the deceased from (our) opinian death occurred on the date and how and from the causes stated 274 SIGNATURE REGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS (337 - 1226)St. Jos. Hospital Max English, M.D.

DHMH - 16 50M 4/83 (VRA 15, 4)

ASSAHN FUNCKAL HOME

The BURIAL CREMATION, REMOVAL 236. DATE 10-23-84

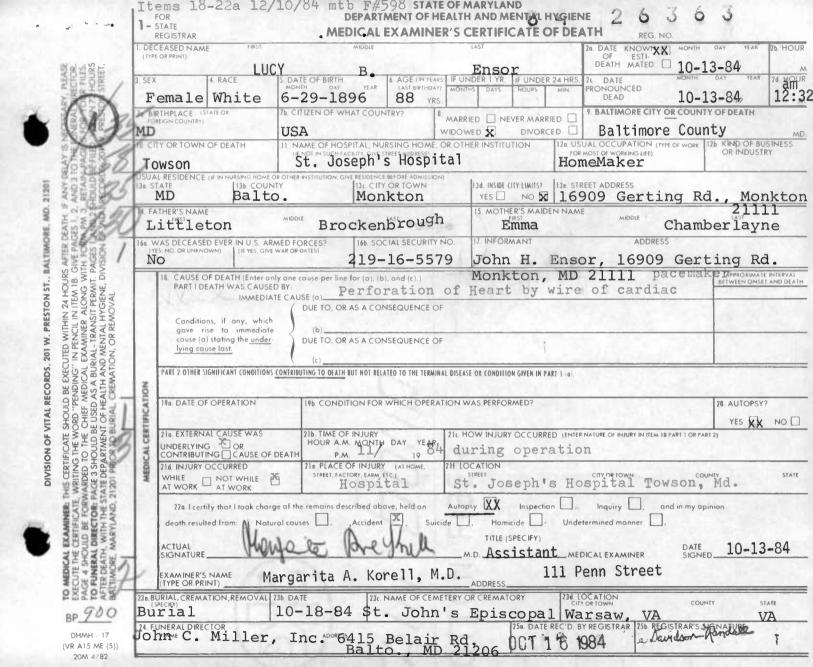
23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN

COUNTY Indiana

24 FUNERAL DIRECTOR

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1		STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N			
		EASED NAME OR PRINT)	EDWAR!		MIDDLE	EPST	ETM	20 DATE OF DEATH OCTOBER		DAY YEAR	7:40 A
ŀ	2 654			RACE	М.	5. DATE O		6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
1	3. SEX					MONT	DAY YEAR		INDAT	MONTHS DAYS	HOURS MIN.
A		MALE		WHITE		_	6, 1917	67	YRS.		
		THPLACE (STATE O	R FOREIGN 71	CITIZEN OF	WHAT COUNTRY	? 8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	Y OF DEATH	
1		RYLAND		USA	A	WIDOW		BALTIMOR	E CO	UNTY	MD.
1		Y OR TOWN OF D		1. NAME OF I	HOSPITAL, NURS	ING HOME (OR OTHER INSTITUTION	17a USUAL OCCUPATE			F BUSINESS OR
1		IKESVILLE					208) APT. G	SALESMA			LOTHING
1	U5UA 13a. S	L RESIDENCE (# NU	IRSING HOME OR O		GIVE RESIDENCE BEFO		1 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP COI	OF.	
7	M	ARYLAND	BALTI		PIKESVII		YES NOX	4 TENTMIL			(21208)
	14. F.A.	THER'S NAME		DDLE			15. MOTHER'S MAIDEN NAM	ME	+1		
		SAMUE		DDLE	EPSTEIN		CELIA	WIDDLE		ASHMA	N
		'AS DECEASED EVE			16b. SOCIAL SEC	URITY NO.	17 INFORMANT MR	S. DOROTHY	EPST	EIN APT	'. G
		ES NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	212-01	-6558	4 TENTMILL L	A. BALTO.,	MD	21208	
Ì		18 CAUSE OF DEA	TH (Enter only	one couse per	line for (a), (b), a	and (c). I		-		APPROX	MATE INTERVAL
		PART I. DEATH	WAS CAUSED IMMEDIATE	BY:	carr	101.000	a of the le	una		11.	eaco
1			IMMEDIATE		216 1 6011650	UENCE OF	1	1			
-		Conditions, if or	which	/	r as a conseq	UENCE OF	U	O			
1		gave rise to in	nmediate	(b)_							
-		underlying cou		DUE 10, OI	r as a conseq	UENCE OF					
-		PART 2 OTHER SIG	GNIFICANT	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION G	IVEN IN PART 1	2.
	Z		J. 111 1C/11 17 CC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	514111001110110	00.	TO THE TERM	THE DISEASE SIX CO.	01110110	110111111111111111111111111111111111111	
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Y	띮							YES TI NOT		IFYING CAUSES	OF DEATH?
Ħ	ER	210. ACCIDENT WAS U	NDERLYING	21b. TIME O	OF INJURY		21c HOW INJURY OCCURR	77			
7		OR CONTRIBUTING		1	M. MONTH						
1	MEDICAL	(IF EITHER NOTIFY ME		21e PLACE	M. OF IN HIRY	19	21L LOCATION				
1	MEI	WHILE NOT	WHILE [REET FACTORY, OFFICE	FARM ETC)	STREET	CITY OR 10	IWN	COUNTY	STATE
		ATWORK ATW	ORK _				26/11 10 81	100 ×	5	577	
1		22a I certify that I	sed alive on	CC	L/8 10	01 0	nd that in (my) (our) apinion of	death occurred on the d	ate and he		that (1) (we) last causes stated
		22b. SIGNATURE	(did not)	view (he bady	ofter death.		DEGREE			22c. DATE	SIGNED
1		//	ule	ush	du-	910	ATTENDING	MEDICAL STA	FF		25/84
7		224 PHYSICIAN'S	VAME (TYPE OR	PRINT)		000	22e. ADDRESS	- 1 /		1 10/2	3704
		RIC	HARD N	IORA			Uneversity 0	of hed. Host	2 6	bellowie,	med.
٦		URIAL, CREMATION		23b. DATE		NAME OF C	EMETERY OR CREMATORY	23d LOCATION			44.35
1	{ 5	BURIAL		OCT.2	6,1984	AITZ	CHAIM	BALTIMO	DRE	COUNTY	ARYLAND

DHMH - 16 50M 4/B3 (VRA 15, 4)

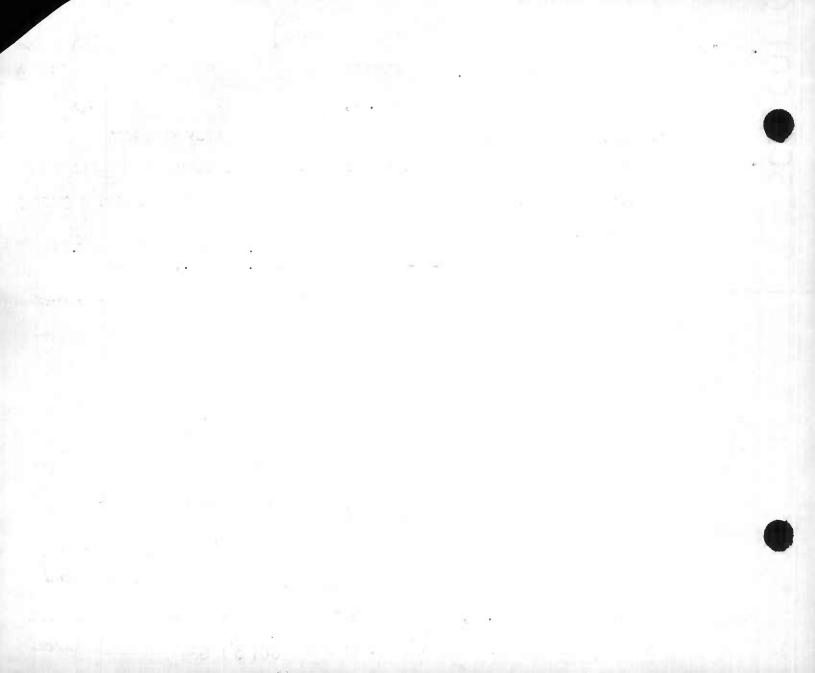
MPORTANT: If I

UNERALDIRECTOR SOL LEVINSON & BROS. 6010 REISTERSTOWN RD. BALTIMORE, MD.

231. NAME OF CEMETERY OF CREMATORY
AITZ CHAIM

(21215)

REGISTRAR 256 REGISTRAR'S SIGNATURE



m v		FOR STATE			DEPART			AARYLAND AND MEN		SIENE 2	2 6	3 6	5	
021		REGISTRAR		ME	DICALI	EXAMIN	ER'S	CERTIFICA	ATE OF I	DEATH	REG.	NO.	13	
(8)		CEASED NAME	FIRST		MIDDLE			LAST		2a. DA	TE KNOWN	-	DAY YE	AR 2b. HOUR
W 100-	{TYP	E OR PRINT)	BARBAR	RA			E	RDMAN		DEA	TH MATED	□ 10	2 19 8	34
PLEA PLECTON PLECTON STREE	3 SEX		4 RACE	5 DATE OF BIRTH		6 AGE (IN YE	ARS IF UN		F UNDER 24 I	HRS. 2c. D.	ATE	MONTH		AR 24 HOUR
ECESSARY PLEA UNERAL DIRECTOR ADR YOUR FILES WITHIN 72 HOUR APRESTON STREET	-	emale	Black	10-21-		45 YI		HS DAYS	HOURS MI	N. PRONO	DUNCED	10	2 198	10:23
A PARTY A	7a. 81	RTHPLACE (ST	ATE OR	76 CITIZEN OF W	HAT COUN	ITRY?	8. MARR	IED A NEVE	RMARRIED	7. BAL	TIMORE CITY	ORCOUN	TY OF DEATH	1
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ORE, MD. 21201 R DEATH. IF ANY DELA GGES 1, 2, AND 310 RM, PM 3. RETAIN 1 AND 2 SHOULDBE 1 OF WIAL RECORDS	13a S		136 COUNT		Bal	OR TOWN	ON)	136 INSIDE CITY		STREET AD	ond A	ve. 2	21136	
D. 33.	14. F/	THER'S NAME						15. MOTHER	'S MAIDEN N					
BALTIMORE, MD. S. AFTER DEATH. IF. GIVE PAGES 1, 2, I'TH FORM, PM. 3. PAGES I JAND 2. SI, PAGES I JAND 2.	1	Irvir		WIDDLE	Brya	n		Tes	abell		MIDDLE	anbol	nh	
S S S S S S S S S S S S S S S S S S S	16a. V	VAS DECEASED	EVER IN U.S. ARM	AED FORCES?		IAL SECURIT	Y NO.	17 INFORMA			ADDRE		lowe (1+
UURS AFTER DEATH 18. GUVE PAGES 1, 18. WITH FORM, PAGES 1, AND 2 19. DIVISION OF WIT.	Y)	ES, NO, OR UNKNO	WN) (IF YES, GIVE V	WAR OR DATES)	218	-34-7	821	Alla	n Erd	man	Corp.	N.Y.		
WIT WIT		II CAUSE O	F DEATH (Enter only	y one couse per line	for (a), (b)), and (c).)							APPROXI	MATE INTERVAL
WITHIN 24 HOU ENCIL IN ITEM 18 MINER JOHN WAINER PERMIT TRANSIT PERMIT NITAL HYGIENE, I OR REMOVAL.		PARTIDE	ATH WAS CAUSED	E CAUSE (a) Fa	tty m	etamor	phos	is of t	the liv	ver				
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E FORWARDED TO THE CHIEF ME CTOR: PAGE 3 SHOULD BE USED AS 1 THE STATE DEPARTMENT OF HEAI LAND, 21201 PROR TO BURIAL, CR	CERTIFICATION	190. DATE OF	OPERATION	19b. CONDI	TION FOR	WHICH OPER	ATION V	AS PERFORM	ED?				20 AUTO	PSY?
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E ST. D, 2			ly that I took charge	e of the remains de-	scribed abo	ve. held on	Abd	10 7	Inspection], Inqu	ary	and in my a	Othion	
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RYL RYL		death result	a iram: Nature	al causes X,	Accident	L.J. Su	icide	, Hamicid		Indetermined	manner L	J,		
CUTE THE CERTIFICATE SE 4 SHOULD BE FOR FUNKRAL DIRECTOR: ER DEATH, WITH THE RIMORE, MARYLAND		ACTUAL	A 08 4	0	n.			TITLE (SPE	-44			DATE	10	2_04
HAN WELL	1	SIGNATURE_	XIV	MA	1		N	ASS19	stant	MEDICAL EX	CAMINER	SIGNI	ED	-3-84
TO FUNERAL DIRECTOR: R AFTER DEATH, WITH THE ST BALTMORE, MARYLAND, 2		EXAMINER'S (TYPE OR PRIN	NAME Ann	M. Dixor	, M.D).		ADDRESS1	11 Pen	n St.,	Balto	., Md.	. 2120	01
PAGE 4 TO FUNE AFTER DE BALTIMO	23a.B	JRIAL, CREMA	TION, REMOVAL 23	3b DATE	23c. N	NAME OF CE	METERY C	R CREMATOR	RY [2	3d LOCATIO	N			
	(5	Buria.								CITY OR TOWN	4	COU		STATE
_	24 FI	JNERAL DIREC		10-6-84		Arbut	us i	tem p	O DATE REC	Arbu	TO AD OTA DE	GISTRAR'S	M.D.	
17		NAME		SPA 1300	777			1	R-LA	1984	lian	Davidson	- handel	2
AE (5))	-	Hab.A.	Rice FS	PA IDUC	Eut	aw Pl	ace		701110	1395	1	200	n,	00

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN DECEASED NAME FIRST 2h HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED Helen Evans 10/1/8419 4. RACE & AGE (IN YEARS | IF UNDER 1 YR SEX. 5. DATE OF BIRTH IE LINDER 24 HRS 3 HOUR 2c. DATE LAST BIRTHDAY PRONOUNCED Female White Jan. 27, 1921 63 YRS 10/1/84 19 PM TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Czechkoslavakia Czechkoslovakia WIDOWED [DIVORCED XX Baltimore County ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Jarretsville Pike North Dulanev Valley Rd. Professional Artist Towson USUAL RESIDENCE (15 IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION) 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13n STATE 13c CITY OR TOWN YES [Baltimore Parkville NOXX 8702 Roper Road 21234 Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Marietta Josef Hajek Miklas ADDRESS Jarrettsville, Md. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) DIVISION Hermann Josef Arlang 2112 Wiley Rd. 21084 214-34-4960 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Multiple Injurijes IMMEDIATE CAUSE (a)___ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES 🔯 NO 🗌 710 EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING NOR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 3:49MPM 10/1/1984 passenger in auto in which driver lost control 21e PLACE OF INJURY (AT HOME 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK roadway Tarretsville Pike, Baltimore County, EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE 220 I certify that I taak charge of the remains described above, held an Inspection and in my apinian Homicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 10/2/84 M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS. (TYPE OR PRINT) 111 Penn St. 230. BURIAL, CREMATION, REMOVAL 236 DATE 73c NAME OF CEMETERY OR CREMATORY Burial Baltimore Maryland Oct. 6, 1984 Moreland Memorial Park 24 FUNERAL DIRECTOR 1050 York Road 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE (1) **DHMH** - 17 Ruck Towson Funeral Home Towson, Maryland (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND

de. =, 1195 per 1

within 24 hours after

signed by the attending physician

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL OYGIENE

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6m	0	3	0	1

- (DECEASED NAME	FNNA A	NNA	MIDDIE LOUISI	FA	FALCO	OCTOBE	R 8, 1984
3.	. SEX	7 . 7 , 7 , 7	4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIRTH	
1	Female		Whit	:e	March	1, 1913	71	YRS. DAYS H
70	BIRTHPLACE IS	TATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE!	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH
	Pennsylva			A.	WIDOWE		BALTIN	TORE COUL
1	70WS0	11	SAIN	CHEACILITY GIVE STREET	PH +	HOS PITAL	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Teacher	
13	SUAL RESIDENCE 30. STATE Maryland	136. COUN	OTHER INSTITUTION VTY LIMORE	13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 808 Shell	
	FATHER'S NAME		WIDDLE	LAST		15 MOTHER'S MAIDEN NA/		LAST
	Michael			Negri		Mary	and the second	Perry
	(YES, NO OR UNKNO		MED FORCES? (E WAR OR DATES)	166. SOCIAL SECU		17 INFORMANT	ADDRES	
1	No			211-14-		Joseph A. Fa	lco - Same	as #13e
	gave rise cause (a), underlying	cause last.	DUE TO, C	DR AS A CONSEQU	ence of			
NOIL	gave rise cause (a), underlying	if any, which to immediate stating the cause last.	DUE TO, C (b) DUE TO, C (c) CONDITIONS C	DR AS A CONSEQU	ENCE OF	NOT RELATED TO THE TERM		
MOLEVION	gave rise cause (a), underlying	if any, which to immediate stating the cause last.	DUE TO, C (b) DUE TO, C (c) CONDITIONS C	DR AS A CONSEQU	ENCE OF	NOT RELATED TO THE TERM N WAS PERFORMED	ZOO AUTOPSY?	200. IF YES, WERE FINDING: YES CAUSES OF
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DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been

Maria Carro

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Andrew Annual An

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Fig. 1992 of Finneral Tomay Spot overcust a Victoria

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BP. DHMH - 16 50M 4/83 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACTIVE GIENE CERTIFICATE OF DEATH FOR

STATE
REGISTRAR

6

| Black 11 20 15 68 YRS TIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED PARTITION OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED NEVER MARRIED PARTITION OF WORK FOR MOST OF WORKING (JEE) NOT HELD OF WORK FOR MOST OF WORK IN JEE AND JEE | DOROTHY FAULKNER 1. SEX FEMALE 1. Black 1. Date of birth Month DAY YEAR 1. BAGE STATE STAT | DOROTHY FAULKNER 1. SEX FEMALE Black 1. CITIZEN OF WHAT COUNTRY) MARRIED NOTTH CAPOLINA USA WIDOWED NOTTH CAPOLINA USA WIDOWED | DOROTHY FAULKNER 1. SEX FEMALE Black 1. CITIZEN OF WHAT COUNTRY) MARRIED NOTTH CAPOLINA USA WIDOWED WIDOWED WARRIED WIDOWED NOTTH CAPOLINA USA WIDOWED WIDOWED WIDOWED WIDOWED WIDOWED NOTTH CAPOLINA USA WIDOWED BALTIMORE CITY OR COUNTY IT OWN ON COUNTY WITH OF WORK FOR MOST OF WORKHAM (181) WIDOWED WI | DOROTHY FAULKNER 1. SEX FEMALE Black 1. CITIZEN OF WHAT COUNTRY) MARRIED NOTTH CAPOLINA USA WIDOWED NOTTH CAPOLINA USA WIDOWED | DOROTHY FAULKNER 1. SEX FEMALE Black 1. 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Md, Balto, B	Md, Balto, 136_COUNTY Balto, 136_INSIDE CITY LIMITS? 136_STREET ADDRESS / ZIP CODE 401 E. 25 th St, Apt. III FATHER'S NAME FIRST MIDDLE LAST SIRST MIDDLE STREET ADDRESS / ZIP CODE 401 E. 25 th St, Apt. III FATHER'S NAME FIRST MIDDLE LAST SIRST MIDDLE LAST SIRST MIDDLE LAST SIRST MIDDLE LAST SIRST MIDDLE STREET ADDRESS GILLARY NO. III FATHER'S NAME FIRST MIDDLE LAST SIRST MIDDLE NAME FIRST MIDDLE ADDRESS SIRST MADEN NAME FIRST MIDDLE ADDRESS SIRST MADEN NAME FIRST MIDDLE ADDRESS SIRST MIDDLE NAME NAME SIRST NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) III CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART 1. DEATH WAS CAUSED BY: CARDIOPULMARY ARREST DUE TO, OR AS A CONSEQUENCE OF LIVER FAILURE ONE TO METASTATIC COLON CA PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to	Md, Balto, YES x NO 134. INSIDE CITY LIMITS? 134. STREET ADDRESS / ZIP CODE 401 E. 25 th St. Apt. 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 | # 17 10. ACCIDENT WAS UNDERLYING [1 1716, TIME OF INJURY 1216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TEM 18 PART TOR PART 2) | 210, ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 210, HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) | 210, ACCIDENT WAS UNDERLYING 7 216, TIME OF INJURY 211, HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) | 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18, PART TOR PART 2) | ## 1210, ACCIDENT WAS UNDERLYING 1216, TIME OF INJURY 1216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
 | M 210, ACCIDENT WAS UNDERLYING 21b, TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) | 210, ACCIDENT WAS UNDERLYING 7 216, TIME OF INJURY 210, HOW INJURY OCCURRED (ENIER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) | 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 211. HOW INJURY OCCURRED (ENIER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) | TES NOTA YES NO NO NOTE TO THE PART TO PART 21 NO NOTE TO THE NATIVE OF INJURY IN ITEM 18 PART TO PART 21 | 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2)
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 | HOUR AM MONTH DAY YEAR | - LIGHT AM MONTH DAY VEAR | | TILL TO VERTICAL CONTROL OF THE OWNER OWNER OF THE OWNER | 1 1 216. ACCIDENT WAS UNDERLYING 1216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER MATURE OF INJURY IN 115 M. 18 PART 1 OR PART 2) | M 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN 15th 18 PART 1 OR PART 21
 | TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY) TIME OF INJURY [71] ACCIDENT WAS UNDERLYING [] [71]), TIME OF INJURY | 216 ACCIDENT WAS UNDERLYING TO 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIFM 18 PART LOR PART 2) | 216 ACCIDENT WAS UNDERLYING TO 216, TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY INTERNIT OR PART 2) | 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21C HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 | M 210 ACCIDENT WAS UNDERLYING 1216. TIME OF INJURY 1216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN STEM 18 PART 1 OR PART 2)
 | 210 ACCIDENT WAS UNDERLYING 21b, TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN 11FM 18 PART 1 OR PART 21 | 210 ACCIDENT WAS UNDERLYING TO 216, TIME OF INJURY 210 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TEM 18 PART LOR PART 2) | 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED. (ENTER NATURE OF INJURY INTERNAL 20 PART 2) | 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART TOR PART 21 | 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TEM 18 PART TOR PART 21
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FOR	DEPARTMENT OF HEALTH A
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RYLAND AND MEN L HYGIENE

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FOR DEPARTMENT OF HEALTH AND MENDLE HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. LAST FEAST 2a. DATE OF DEATH MONTH DAY YEAR 2b. HOUR
REG. NO. I DECEASED NAME FIRST TITIAN MIDDLEM LAST PRACT 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
I DECEASED NAME FREST LILLIAN MODIE M. LAST FEAST 20 DATE OF DEATH MONTH DAY YEAR 20 HOUR
LILLIAN M, FEAST 10/18/84 11:50
3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IN UNDER 2 MONTH DAY YEAR MONTHS DAYS HOURS
FEMALE WHITE 02 20 10 74 YRS.
TO BIRTHPLACE (STATE OF FOREIGN TO COUNTY OF DEATH
MARYLAND U.S.A. WIDOWED DNORCED DALTIMORE COUNTY
16 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION 126 KIND OF JUSINES
(IF NOT IN SUCH FICILITY, GIVE STREET ADDRESS) (IT POOD PROCESSOR CAFETER IA
USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
MARYLAND 136 CITY OR TOWN 136 LITIMORE 136 STREET ADDRESS / ZIP CODE 137 STREET ADDRESS / ZIP CODE 137 STREET ADDRESS / ZIP CODE 137 STREET ADDRESS / ZIP CODE 138 STREET ADDRESS / ZIP CODE
IN FATHER'S NAME IS MOTHER'S MAIDEN NAME
FIRST MIDDLE LAST FIRST MIDDLE LAST
HENRY SCHILLING AMELIA TRUMP 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 2122
(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)
NO 195-10-0129 OLGA D. SCHILLING 733 S. WOODINGTON ROA 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY.
Underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION
YES NO YES NO
OR CONTRIBUTION CONTRIBUTION OF DEATH OF THE AMERICAN MONTH DAY TEAK
(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19
WHILE ON THE WORK AT W
27a.l certify that (1) (his haspital) attended the deceased from 9103 1984, to 10/18 1984 that (1) (w
saw the deceased alive on 19 ond that in (my ob) opinion death occurred on the date and hour and from the couses state obove, (1) (we) (did) (did not) view the body after death.
226 SIGNATURE DEGREE 22c DATE SIGNED
Suon a. Rolognes no ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTO
22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS
LEON W. BYNDERIC NO ST. JOSPITAL
236 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION
(SPECIFY) CITY ORTOWN COUNTY ST.
BURTAL 10-22-84 MEADOWRIDGE MEM PARK ELKRIDGE HOWARD MARVIA
BURIAL 10-22-84 MEADOWRIDGE MEM. PARK ELKRIDGE HOWARD MARYLAN 24 FUNERAL DIRECTOR 21229 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

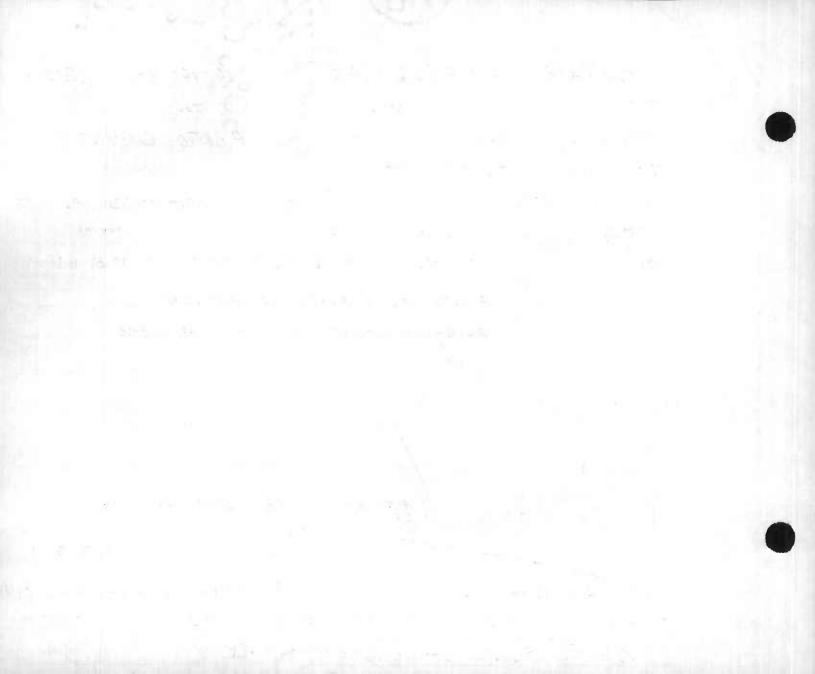
TO HOSPITAL OR ATTENDING etoined by the hospital or TO FUNERAL DIRECTOR: After this centificate has been signed by the ottending physicion and completely filled in by the funeral direct should be detached for use as the burial-tronsit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

12011 1-21 21/01 Strate of the second se Tourson St. Joseph Married Line Stranger Liverson er to object and a company of the co LA CLIMF LANDS JUSTICIA 2015201 45020L TB 1 0 14 349 20115 4 4030 CATALL MARKET LOSS TO THE COURT OF STREET AND COMPANY OF THE COURT OF

771. M	1-	FOR STATE REGISTRAR			DEPARTI	MENT OF H	OF MARYLAN EALTH AND ME	ENTAD HYGI		6 EG. NO.	3 7	0	
10		EASED NAME	FIRST		WIDDLE	- t	151		20. DATE OF DE		DAY	YEAR 26. HOUR	_
2 75	(1YPE	OR PRINT) WI	LLA	M		FEL	. 6			10	19-1	ex 9 4	4
000	3. SE 2			4. RACE		5. DATE C	F BIRTH	YEAR	6. AGE (IN YEARS	LAST BIRTHDAY)	MONTHS		HRS MIN.
4 900		MALE			WHITE	FEB.		906	78	Y	RS.	DATS	Milni.
2 32 2/		RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	XX NEVER MA	ARRIED 🗍	9. BALTIMORE C	ITY OR COU	NTY OF DE	ATH	
		IARYLAND			S.A.	WIDOWE	DIVO	ORCED [LTIMORI			MD.
1 11/1	10 CI	TY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN CHEACILITY, GIVE STREET		R OTHER INSTIT	TUTION	12a USUAL OCC		NG LIFE) IND	KIND OF BUSINESS USTRY	OR
		DALLSTOWN		BALTO)		EMPLOY	EE	SOC.	SEC. ADM	4IN
2 12 20	13a S	AL RESIDENCE (IF NURS	13P COAL	NTY	13c. CITY OR TOW	/N	136. INSIDE CIT	-	13e.STREET ADD		-000	PT. 103	
Show show		RYLAND THER'S NAME	BALT	IMORE	IBALTIMOR	E	YES N	MAIDEN NAA		NHILL	VILLAG	E CIR.,2	120
d with	14. FA	FIRST		MIDDLE	LAST		FH	RST		DDIE		BECKER	
S. Service Control of the Control of	16n V	BENJAMIN VAS DECEASED EVER	IN U.S. AR	MED FORCES?	FELD	JRITY NO.		RTHA IMPS	EANNETTE	* TRESET	ID	BECKER	
MOR Poges	- 11	ES. NO OR UNKNOWN)	(IF YES, GIV	Aleman					VILLAGE			103 #21	207
BALTIM sate be to papers. P. val.		ES LAUSE OF DEAT	IWWII	- A.F.	212-01-9		1/319 DC	NUTTE	VILLAGE	CIK.,		APPROXIMATE INTERVA	AI.
4 4 4 6 6		PART I. DEATH W	AS CAUSE		CARD	10	Posts!	RATO	ne Ass	4857	- "	TWEEN ONSET AND DE	AIII
PRESTON ST the death cert he offending emove carbor smatlan, or re-		STATE OF	IMMEDIA		OR AS A CONSEQU	ENICE OF			1				
STO feoth trend ve co ion, d		Conditions, if ony	, which	(b)	CON	603	Tive 1	4EAR	- TA'	lune			
		gove rise ta imi cause (a), statir		DUE TO C	R AS A CONSEQU			,			,		
thot by crose r oth	11	underlying cause	last.	(c)_	PEREN	17	Myo a	ARDIA	+L IN	FARE	Tun		
DIVISION OF VITAL RECORDS, 201 OF PRINCIPLE IN The low requires the signed by the place of the signed by the place of the signed by the signe	7	PART 2 OTHER SIGI	VIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED T	TO THE TERM	INAL DISEASE OF	RCONDITION	GIVENIN	'ART lia	
ORD requ	10	KERLEREN	17 1		of 15CHes	me !	TTACK	CHOOSO	200 AUTOPS	LTAile	F YES WERE	A TOPICS	i
low low	CERTIFICATION	19a DATE OF OPERA	IION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFOR	WED	100	INC	ERTIFYING C	AUSES OF DEATH	?
TAL The horizon shows a shown	ERTS	21a, ACCIDENT WAS UN	DERLYING E	7 21h TIME (OF INJURY		171r HOW IN II	LIRY OCCURR	YES NO	A	YES	NO [-
N S S S S S S S S S S S S S S S S S S S		OR CONTRIBUTING	CAUSE OF DE	ATH HOUR A	.M. MONTH D			on, occom	(EIGIER HATONE	0, 1,000, 1,100			
ON ON STATE OF THE	MEDICAL	21d INJURY OCCUR		21e. PLACE	OF INJURY	19	211 LOCATION	7					
A STATE OF THE STA	ME	WHILE NOT WE	HILE	(AT HOME, ST	TREET, FACTORY, OFFICE.	FARM, ETC.)	STREET		CH	TY OR TOWN	COI	JNTY STA	1E
D S S S S S S S S S S S S S S S S S S S		22a I certify that (I)		ital) attended t	he deceased from .	10-	8	1984	to	7-19		that (I) (we	e) lost
TTE pitol TTE for		saw the deceas obave, (1) (we)	ed alive ar	10-	19 19	or	ed that in (my) (aur) opinian d	death accurred ar	the date and	d hour and li	am the causes state	ed
hos hos hed hed hed hed hed		226. SIGNATU)	12	y direr deam.		DEGREE	A FELLA T	III Divisio	A TOTAL STATE	22	. DATE SIGNED	
Al O Al O detacted to the D de		V	Du	w	A STATE OF	146	PH	TENDING HYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN		10-19-8	4
Control by the best of the bes		226 PHYSICIAN'S N	AME (TYPE	OR PRINT)			22e ADDRESS	0	()				
o HOS Francisco		BRIANDO	13.	CONA	NAM WE	D	PCG	4-KA	HOAMS!	DWN	med.	2118	
25 63 5	23a E	BURIAL, CREMATION,	REMOVAL	23h DATE	230	NAME OF C	EMETERY OR CR	REMATORY	23d. LOCATIO	OWN	COUN	Y STA	TE
BP		BURIAL		10-22			FOREST		ANS OWI	NGS MI			MD
DHMH - 16 50M 4/83	1.50				& BROS		045	OC.	2 1 400		-	-	
(VRA 15, 4)	6	010 REISTE	RSTOW	N RD.,	BALTO., N	MD = 21	215	00	4 4 80	14	- wantase	m-Handell	

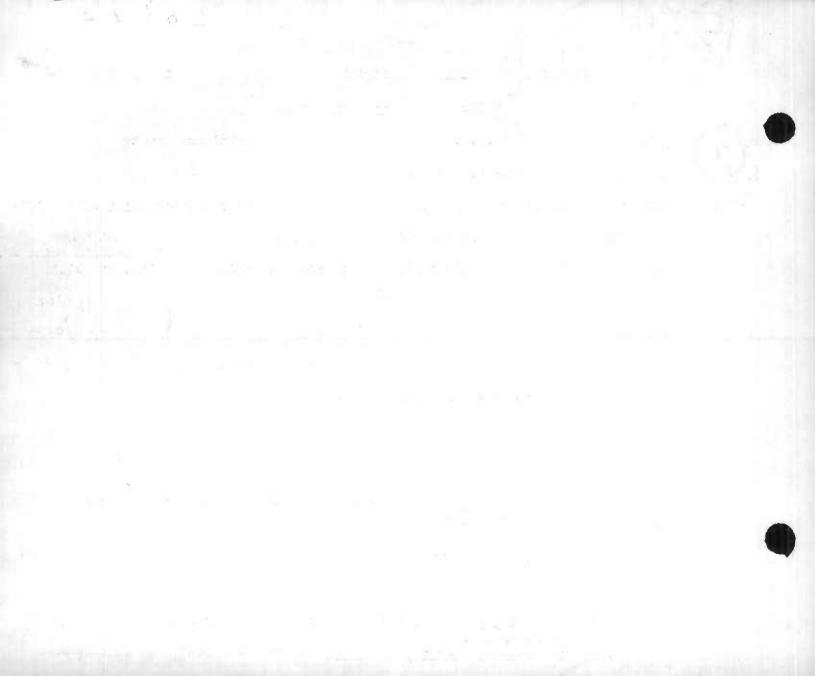
William TELD CHOSE CHESPIRATING PRINCES CONTRACTOR HERE FREEDER PERENT PHY RELEGIAL THERASETION Received Frances Williams Attended County Experience Lawrence Frances 16-6-36 ACHA CARDARY THEO MA 28 37 Everyon B. Chinashin mile 001 2 4 E84 L

STATE OF MARYLAND



STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL TYGIENE

TE CONTROL OF DEPARTMENT O

26874

		REGISTRAR		CEKII	FICATE OF DEATH	REG. NO).					
		THOMA		ARK FILLI	ЙĞНАМ	2a. DATE OF DEATH	0 2	7 84	2:00AN			
H	3. SEX		4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	IF UNDER 24 HRS			
1	MA	/ LE	WHITE	11	/29/04	79	YRS		, and a			
Д		OUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	NEVER MARRIED	9 BALTIMORE CITY O		Y OF DEATH				
1		ebraska	U.S.	A. widow	ED DIVORCED	BALTIMOR	E CO	UNTY	MD.			
2		TY OR TOWN OF DEATH DWSON		HOSPITAL, NURSING HOME CHEACILITY, GIVE STREET ADDRESS) -6701 N. CHA	OR OTHER INSTITUTION ARLES STREET	120. USUAL OCCUPATION 126. KIND OF BUSINESS C IYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Insurance						
)	13a S	RESIDENCE (# NURSING HOME TATE 136 COI Maryland Ba	or other institution unity. Itimore	GIVE RESIDENCE BEFORE ADMISSION TOWN TOWSON	134 INSIDE CITY LIMITS?	130 STREET ADDRESS / 505 Susse	ZIP COD X Roa	ed 21204				
0		ther's NAME Charles	WEDDIE .	Fillingham	Catherine	ME MIDDLE		Izat	t			
1		(IF YES, C	ARMED FORCES? DIVE WAR OR DATES)					ingham 505 Sussex Road 21204				
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSED IMMEDIAL Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, O	RAPLY NONZE QUENCHAY F		FAILURE			imate interval Onset and death			
	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 COPD										
1	CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH OPERATIO	DN WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDING: IN CERTIFYING CAUSES OF YES YES YES						
		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	CAIR	of Injury .m. month day year m. 19	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	EY IN ITEM 18	PARI T OR PART 2)				
1	MEDICAL	21d INJURY OCCURRED WHITE NOT WHILE AT WORK	21e. PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE FARM, ETC.)	CITY OR TOWN COUNTY ST							
		220.1 certify that (I) (this has sow the deceased alive a above (I) we (did tid			nd that in (my) (aur) apinion (, to death accurred on the do			that (I) (we) lost causes stated			
		THE SHOWATHRE	Int	W.		MEDICAL STAF		10/	SIGNED / 27/84			
		DR. H.DEPAN	/ /	, M.D.	GBMC-6701	NORTH CHA	RLES	STREE	Т			

BP____

23a BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial
24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83 (VRA 15, 4) 10-30-84 Druid Ridge

236. DATE

23d LOCATION CITY OR TOWN

COUNTY STATE

Mitchell-Wiedefeld Home 6500 York Road 21212

231. NAME OF CEMETERY OR CREMATORY

Pikesville Baltimore Mary

pousting and the transfer of the First State of the mos of sometals to be single. the state of the s Analyza creatile ill.vaceta _ _ tath hingl _ _ ti-0; il _ _ tarne The state of the s

STATE OF MARYLAND

Table 1 and the second of the A MIS VIOLE (22 10 102) 0 2 17

3	1-	FOR STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL YGI ICATE OF DEATH	ENE 2	6 3	7 6	
9 7 E		OR PRINT)	SAMUEL GO	FLAH	ERTX	MUEL	20. DATE OF DEATH	ID II	YEAR 26. HOUR	44
1	3. SE)	1 4 / 1	4. RACE	-	5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRT		NDER I YEAR IF UNDER 24 HR	_
1 (14)		Male	White		Apri	1 5,º^1906 ^{6AR}	78	YRS.	THS DAYS HOURS MI	4.
		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WH		1	NEVER MARRIED	9. BALTIMORE CITY O			45
the state of the s	10. CI	TY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSIN	ADDRESS)	R OTHER INSTITUTION	Baltsimo	ON	12b. KIND OF BUSINESS C	
24 Nount	USU/ 13a S	Randallstown ALRESIDENCE (IF NURSING HOME TATE 13b CO	OR OTHER INSTITUTION, GIV UNTY 13	E RESIDENCE BEFORE	ADMISSION)		13e STREET ADDRESS /	ZIP CODE	2122	8
ed within 2 mpletely fill and 2 should	14 FA	THER'S NAME	MIDDLE	Catonsvi LAST	.11e	YES NO	AE	riee Pi	ace apt 2 B	_
and comp	16a V	late Samuel Fl VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (HE VES.	ARMED FORCES? 16	SOCIAL SECU		17. INFORMANT	ADDRE		21228	_
1 00 E		No	2	213 14 8	3797	Mrs Cecelia	Greene 1202	Wester	Tee Place APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	
re death certifica e attending physical expension polyments corton polyments or remay motion, or remay		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED! Conditions, if ony, which gove rise to immediate couse (o), stating the	DUE TO, OR A	ERMIN S A CONSEQUE	VAL ENCE OF	METASTATI	c CA M	OUTH		_
been signed by the min. Then place an prine to bursel, as other prine to bursel, car other any injury, as other	CERTIFICATION	underlying couse lost.	T CONDITIONS <u>CON</u>		<u>DEATH</u> BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CONI	20b. IF YES, W	IN PART 110 (ERE FINDINGS USED GOOD CAUSES OF DEATH?	=
of the state of th	HE						YES NO	YES [_
CLAN. 1 physical contracts of trans that the	0.5577	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH	MONTH D	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART	OR PART 2)	
hending the burn the	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF	INJURY FACTORY OFFICE, F		211 LOCATION STREET	CITY OR TO	wN	COUNTY STATE	
TTEND IN pital o		22a 1 certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did	on 10 · 11	19_	10. SU	nd that in (my) (our) opinion o	death occurred on the de	te and hour o	, that (I) (we) I	DSŧ
the hosp the hosp at DIREC etached f ite Dept. c		22b. SIGNATURE	18 18 10 C	Ru		MO ATTENDING PHYSICIAN	MEDICAL STAF		10- 11 - 8C	
TO HOSPITAL (retained by the TO FUNERAL I should be deto with the Store I IMPORTANT: If		2 A PHIS LIAN'S NAME TYPE AY AD		ACKINO	RAD	DACT.	COUNT	y GN	c Hospital	2-
of the state of th	23a. E	SURIAL, CREMATION, REMOV				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		OUNTY STATE	
BP	24.5	Cremation	Octg. 1	2,84 W	estvie	ew Memorial Pk	Catonsvi		Lto Maryland	_
DHMH - 16 50M 4/83 (VRA 15, 4)		JNERALDIRECTOR LTY H Witzke	4112 Colum	bia Rd 1	Ellico		T 15 1984	gura Di	widson-fandell	

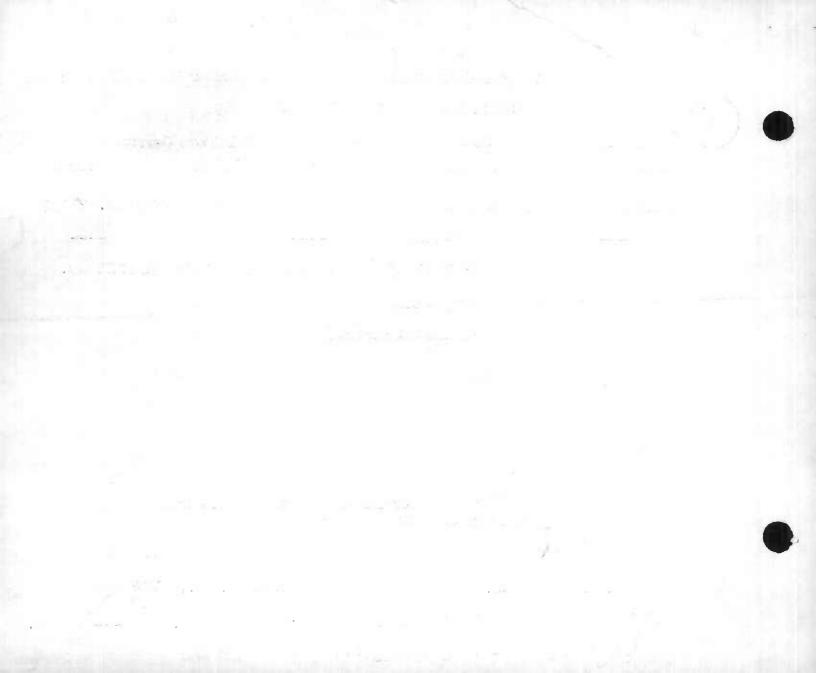


DEPARTMENT OF HEALTH AND MENTACHY GIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH 7h HOUR I. DECEASED NAME (TYPE OR PRINT) October 15 1984 5.05 Charles Francis FRANKE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR DATE OF BIRTH 3. SEX MONTH DAY YEAR 1895 CAUCASTAN 25 MALE 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR FOREIGN 7h. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED MARYLAND Baltimore County 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR FOREMAN OF WORKING (IFE) FRANKLIN SQUARE HOSPITAL ROSSVILLE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 1814 HANFORD RD NO BALTTIMORE ROSEDALE WARYLAND 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME LAST MIDDLE LAST MIDDLE FIRST FRANKE ADDRESS 166. SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? LYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) SCHEPER 1814 HANFORD RD 212101885 ALBERT NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Lung Abcess DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (b) Severe Malnutrition gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 70b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO [NO YES [21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDIC ALEXAMINER) P.M 19 211 LOCATION 71d. INJURY OCCURRED 71e PLACE OF INJURY COUNTY STATE CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE FARM, ETC . NOT WHILE October 15 10 84 220.1 certify that (1) (this haspital) attended the deceased from August 1084 sow the deceased alive on October 15 obove, (H (we) (did) (and not) view the body after dec and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF 10-15-84 DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS 27d. PHYSICIAN'S NAME (TYPE OR PRINT) 9000 Franklin Sq. Dr., 21237 L. A. Labib, M.D. 23d. LOCATION 230 BURIAL CREMATION REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 236. DATE STATE COUNTY BURTAL 10 BALTIMORE CEMETERY

DHMH - 16 50M 4/83

24. FUNERAL DIRECTOR (VRA 15, 4)

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE CO



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAGING CERTIFICATE OF DEATH

FRANZ

MONTH

WIDOWED

Jan

ranz 5. DATE OF BIRTH

27

17 INFORMANT

1racl

211 LOCATION

STREET

1891

DIVORCED

REG. NO 20. DATE OF DEATH MONTH DAY 76. HOUR S.S.N.D 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR DAY! 93 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED XX Co NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Teacher Archdiocesan 134 INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE N. Charles St. 21212 6401 NOXX 15 MOTHER'S MAIDEN NAME MIDDLE Caroline Keyser ADDRESS Sr. M. Angelina 6401 N. Chas. St. 21212 dema art Dis Ormery. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Trail 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) GITY OR TOWN COUNTY STATE 84 and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNE MEDICAL ATTENDING DIRECTOR PHYSICIAN 23d LOCATION OR CREMATORY CITY OR TOWN Glen Arm Baltimore Maryland 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE i is Davimon-Mandala

troumotic 0 ò Hygiene I 00 Mental ö Ö puo morked Dept 19-

مّ

CERTIFICATION

FOR

- STATE

(TYPE OR PRINT)

30 STATE

REGISTRAR

MARY

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION,

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DE ATH WAS CAUSED BY.

lost.

Conditions, if any, which gave rise to immediate cause (a), stating the

underlying couse

190. DATE OF OPERATION

71d. INJURY OCCURRED

226. SIGNATURE

WHILE AT WORK

710 ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

saw the deceased plive an above, (1) (we) (did) (did bot) view the b

AT WORK

224 PHYSICIAN'S NAME (TYPE OR PRINT)

Baltimore

J.

LIF YES, GIVE WAR OR DATES!

IMMEDIATE CAUSE (a

18 CAUSE OF DEATH (Enter only one couse per line for (a) and (c).)

IRMENGILD

76 CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

DUE TO, OR AS A CONSEQUENCE OF

71b TIME OF INJURY

P.M.

21e. PLACE OF INJURY

19/15

HOUR A.M. MONTH DAY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

GIVE RESIDENCE BEFORE ADMISSION

Baltimore

Franz

16b. SOCIAL SECURITY NO.

218-54-4669J1

almonare

196. CONDITION FOR WHICH OF RATION WAS PERFORMED

YEAR

19

10

DEGREE

22e ADDRESS

20

White

U.S.A.

DECEASED NAME

Female

Maryland

14 FATHER'S NAME

To BIRTHPLACE | STATE OR FOREIGN

Maryland

B CITY OR TOWN OF DEATH

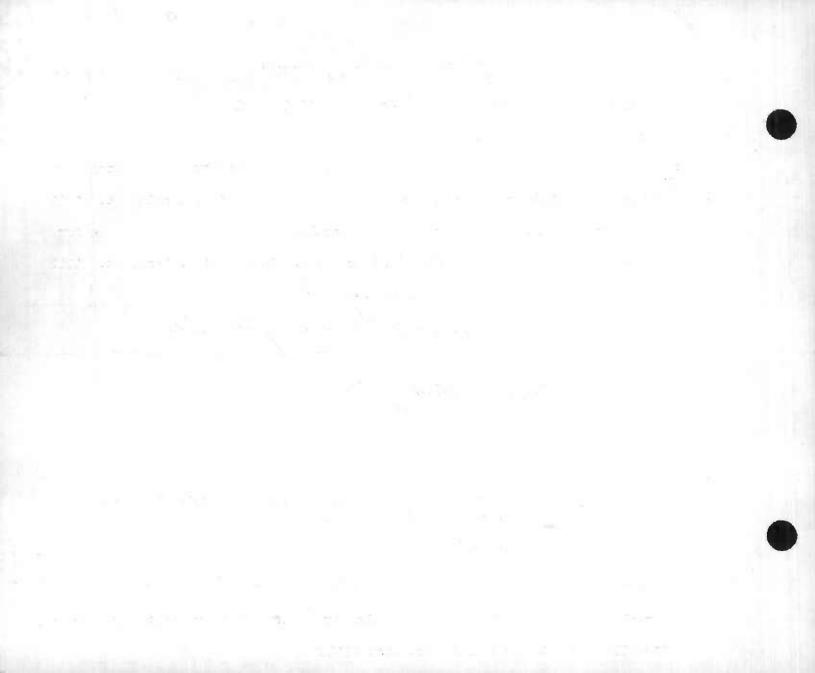
Peter

(YES, NO OR UNKNOWN)

DIRECTOR

HOS ouned the the	LESTER A.	IR M.D	7620	
BP	230. BURIAL, CREMATION, REMOVAL Burial	73b. DATE 10-18-84	736 NAME OF CE Vill	METERY OR CRE
DHMH - 16 50M 4/83 (VRA 15, 4)	Mitchell-Wiedefeld	l Home 6500	York Road	21212

27a.1 certify that (# (this hospital) attended the deceased from



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENT A HYOISNE
CERTIFICATE OF DEATH

'	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	H	REG. N	Ю.		,		
	ECEASED NAME FIRST		WIDDLE	1	AST		20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR	-
1	EMM	1A	M	F	REEMA	N		10	4	84	IA	M
3. S	EX	4. RACE		5. DATE C		AR	6. AGE (IN YEARS LAST BI	RIHDAY	#F UN	DER I YEAR	IF UNDER 24 HRS	_
	1 F		W	2		2	82	YR	S.			
16.	BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE	NEVERMARRIE	ED 🗆	9 BALTIMORE CITY	OR COUN	NTY OF I	PEATH		
D	Maryland	U. S	. A.	WIDOWE			Baltimore	Cour	ity		M	ND.
10	CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	NC	120 USUAL OCCUPAT			Ib. KIND O	F BUSINESS OF	R
Ra	andallstown /	Baltim	ore Count	y Gen	eral Hospi	ital	Home Mak	er				
13a	STATE IN COUR	OTHER INSTITUTION	136. CITY OR TOW		113d INSIDE CITY LIM	AITS?	13e STREET ADDRESS	/ ZIP CO	ODE			
Ma	aryland // -		Baltimor		YES X NO		5129 Fred	leric	ck A	enue/	21229	
14. F	FATHER'S NAME	MIDDLE	1 4 • ¶ LAST		15. MOTHER'S MAID	DEN NAM	E MIDDLE		0	LAS	л	
V	Louis		Wilt		Mary				G)	ove	-0-1	
160	WAS DECEASED EVER IN U.S. AF	MED FORCES?	16b. SOCIAL SECU		17. INFORMANT	_					venue	
L	(YES, NO RUNKNOWN) (IF YES, GR		220-01-6	/52	Kenneth A.	. Fre	eeman Balt	imor	e, r		1229	_
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause pe	er line far (a), (b), and	dicid					-	BETWEEN	MATE INTERVAL ONSET AND DEATH	
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z	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO TH	HE TERMI	NAL DISEASE OR CON	0.		PART 1rd	9	
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	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	A.M. MONTH DA		The How wook is	OCCORR	CD VENIER NATURE OF 141	JA C II O II E M	TO PARTY	201 001 27		
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ME	WHILE IT NOT WHILE IT		TREET, FACTORY, OFFICE, F	ARM, ETC }	STREET		CITY OR TO	NWC		COUNTY	STATE	
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	sow the deceased alive or	10	14 198	4	nd that in (my) (aur) o	apinian d	leath occurred an the c	date and	haur and			131
	22b. SIGNATURE	at view the bod	y after death	1	DEGREE			-177		22c. DATE		
	×8	nun	wolfer	18	MI) ATTENE		MEDICAL STA		/	10	14/fx	
1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	- 4/2 //	/ - /	22e ADDRESS	CIAN	DIRECTOR [] PHTSI	CIANJE			1147	-
	R-E	EVE	STILE		BUT	mi	ONE COL	JAIT	VE	FNE	DAI HE	10/1
230	BURIAL, CREMATION, REMOVAL	23b. DATE	[23c. N	NAME OF C	EMETERY OR CREMA	ATORY	23d. LOCATION		/ 0/	2,02	7/4	学
1	Burial				vn Cemeter		Wood awn	Bal	timo	re Ma	aryland	
24	FUNERAL DIRECTOR Oring	Byers	Funeral [)irect	tor, Inc.							
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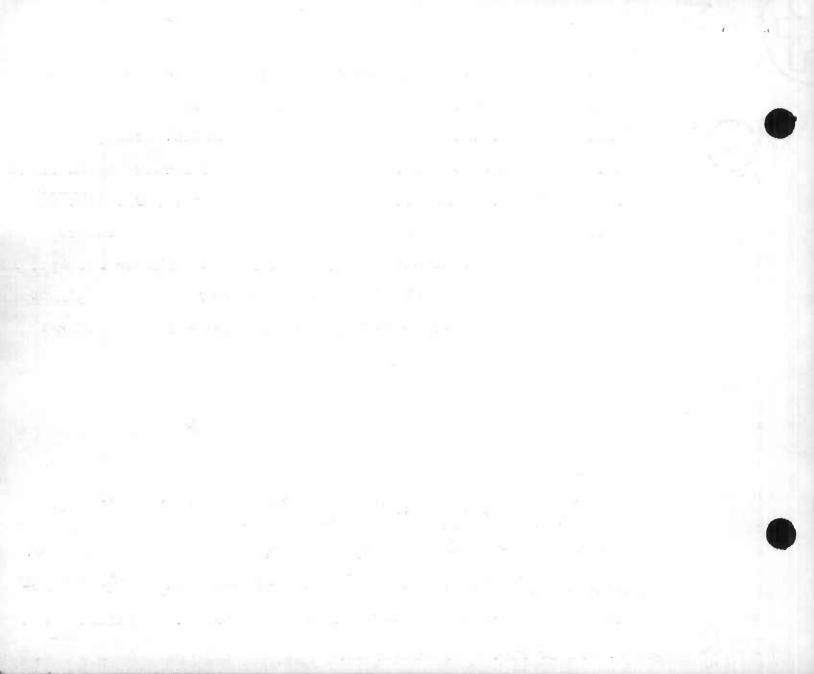
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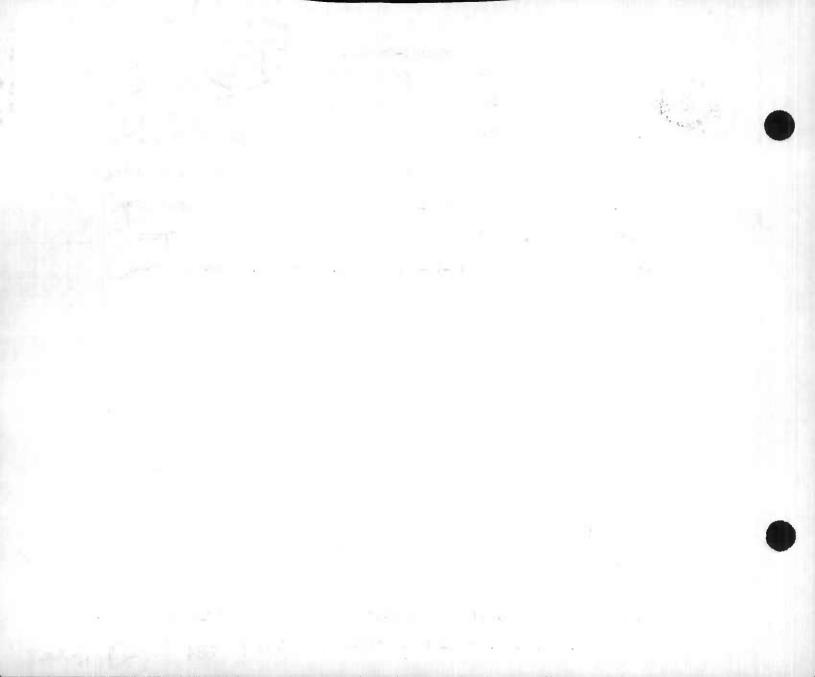
0		FOR STATE REGISTRAR	e Per r.n.		MENT OF HE	OF MARYLAND ALTH AND MENTAPHYG ATE OF DEATH	TENE 2	5 3	3 1	
(,6)		CEASED NAME FIR WILL		CCLELLAN	F.	RIEND	20. DATE OF DEATH			4 30 AM
	3 SE	x Male	4_RACE White		5. DATE OF April	15°, 1915°	6 AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	HOURS MIN.
11分		RTHPLACE (STATE OR FOREIG COUNTRY) aryland	76 CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O Baltimor	R COUNTY C	F DEATH ty	MD
. 11100		TY OR TOWN OF DEATH Lutherville	11. NAME OF	HOSPITAL, NURSIN	ig HOME OR	other institution Avenue	120 USUAL OCCUPATION OF WORK FOR MOST OF BLECTRONIC	E WORKING LIFE!	INDUSTRY	BUSINESS OR Bendix
filled hould be f	13a		ome or other institution COUNTY altimore	GIVE RESIDENCE BEFORE 131 CITY OF TOWS ON	11	3d INSIDE CITY LIMITS? YES NO 📉	13e. STREET ADDRESS 917 E. S	eminar	y Ave.	21204
maryll, marking ompletely ond 2 showing		Benjamin		riend	1	Meadie	H. MIDDLE	-	mmerma	n
on and c		WAS DECEASED EVER IN U YES NO OR UNKNOWN) NO	S. ARMED FORCES? (ES. GIVE WAR OR DATES)	215-01-9		Durst Funera		P.O.Bo and, M		50
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2 NG PHYSICIAN. The low requires that the death certificate be executed within 24 h of witer this certificate has been signed by the ottending physician and completely filled as the buriol-transit permit. Then please remove carbanapapers. Pages 1 and 2 should lift and Mental Hygiene prior to buriol, cremotion, or removal. Orked or them 18 shows any injury, or other traumatic event, the medical examinations.	NO	Conditions, if ony, whi gove rise to immedio couse (a), stating t underlying couse lo	DUE TO, O ch te he st. (c)	R AS A CONSEQUE R AS A CONSEQUE DOTRIBUTING TO C	ENCE OF	OT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVER	3 N N IN PART 1(0	
AL RECOR he low re on. hos been t permit. I ene primit. I	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, 1 IN CERTIFY I	WERE FINDING NG CAUSES O	GS USED OF DEATH?
SICIAN, I Tag physical certificate entol Hygin Hear 18 sh		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX	OF DEATH HOUR A.		AY YEAR	TE HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	T I OR PART 2)	
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the hospital or the hospital or to RTENDI or the hospital or to L DIRECTOR A frached for use to Dept of Heal if them 21 is min		220 1 certify that (I) (this saw the deceased all above (I) (we) (did) (c 22b. SIGNATURE	hospital) attended the ve on OCT. Indianally view the body	ofter death.		that in my (our) opinion d	eoth occurred on the de	ote and hour o	22c. DATE S	
TO HOSPITA etoined by TO FUNERA should be de with the Stet		JOHN A.	NESBI	丁, Ⅲ		PHISICIAN P	NIU, PLW		1	40.
BP		BURIAL, CREMATION, REMO (SPECIEY) Burîal	235 DATE 10-27-			nt Valley	23d LOCATION CITY OF TOWN Oakland	Gar	rett	STATE Marylan
DHMH - 16 50M 1/B1 (VRA 15, 4)		rst Funeral	Home 21 N.	ADDRESS		250 DATE	RE 2 9 1964	6 . /	r's SIGNATU	RE

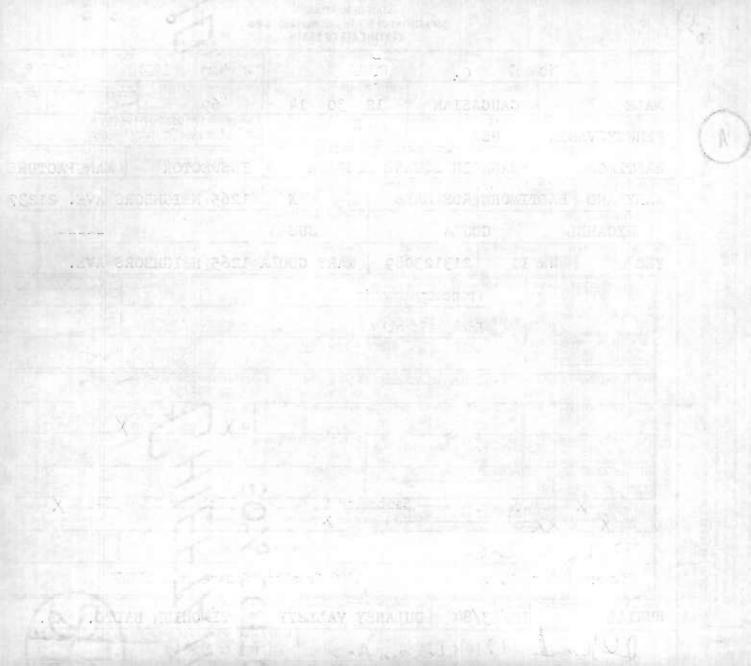
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		REGISTRAR			CERTI	FICATE OF DEATH		REG. NO		1	
		CEASED NAME FIRST		WIDDLE		LAST	2a. D	ATE OF DEATH	MONTH DAY	YEAR	26 HOUR
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(ou od	3. SEX		4 RACE			OF BIRTH	• 6. AG	E (IN YEARS LAST BIR	THDAY) IF U	NDER I YEAR	IF UNDER 24 HRS HOURS MIN.
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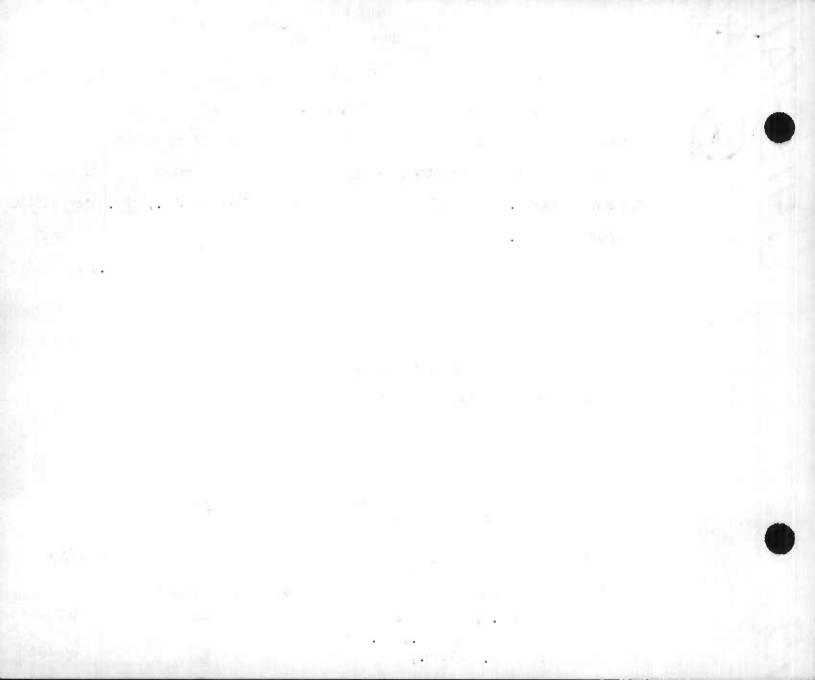
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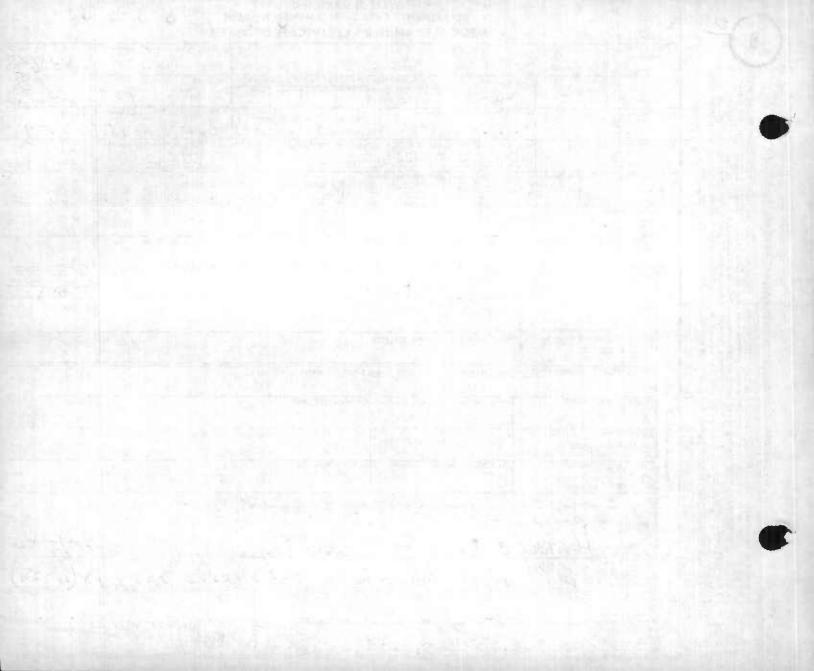
(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGIENE

CERTIFICATE OF DEATH



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()			EASED NAME		FIRST	17112	WIDDLE	EXAMI	TER 3	LAST	CAIL	T DEA	a. DATE KI	REG. NO		DAY	YEAR 2b. HOU
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	EXECUTE TO PAGE 4 SI TO FUNER 10 FUNER BALLING E		EXAMINER'S I	1T)	E.P		: Al	nsor	rE	ADDRESS,	535	O BA	2270	MA	-512	PKI	2/228
	BP	(5	JRIAL CREMAT PECIFY) Cremati	on	EMOVAL 2	3b. DATE 10-08-84		Westv				CITY	tonsvi	11e.	Balto	Co	Md.
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1 -	FOR STATE REGISTRAR			DEPARTA		ICATE OF DEAT		REG. N	O.		
	CEASED NAME	FIRST	A	NIDDLE	L	AST			MONTH	DAY YEAR	26. HOUR
1,1176		Ellwoo	d :	Howard		Glisson			Oct.	14 1984	6.15P
3. SE	x		4. RACE		5. DATE C			6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS
1	Male		White	е	July		909	75	YRS.		HOURS MIN.
	IRTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D S NEVER MARRI	IED 🗆	9 BALTIMORE CITY O			
	ennsylva	ania	USA		WIDOWE			Baltim	ore	County	м
	ITY OR TOWN OF				IG HOME C	OR OTHER INSTITUTI	ON	128 USUAL OCCUPATE			F BUSINESS OF
F	Randallst	own /	Baltin	nore Cou	nty C	eneral H	osp.	Superviso	r		keting
13a S	AL RESIDENCE (IFN STATE aryland	136 COUN Har	ITY	GIVE RESIDENCE BEFORE 136. CITY OR TOW Fallsto:	N	13d. INSIDE CITY LI	MITS?	Shell Oil 13e. SIREEL ADDRESS 3201 As		Lane, 21	.047
14. F/	ATHER'S NAME					15. MOTHER'S MAI			11111		
	Irvin		Норе	Gliss	on	Lillia	n	WIDDLE		Ste	bb
	WAS DECEASED EV			166 SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRE	SS		
1	No OR UNKNOWN)	I IF YES, GIV	E WAR OR DATES)	163-01-	-0120	A Verna	a M.	Glisson,	3201	Ascot I	Lane
	PART I. DEATH Conditions, if c gave rise to cause (a), str	IMMEDIATE IMMEDIATE Iny, which immediate	D BY: TE CAUSE (a) DUE TO, O	Ine focial, (b), and Confe	ence of	ohi cara	ung 100	larctem iswler di	Isase	Sudi	MATE INTERVAL DISET AND DEATH Len
CERTIFICATION			(c)CONDITIONS <u>CC</u>	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO T		INAL DISEASE OR CON	20b. IF Y	res, were findi	NGS USED
TIFIC	2500							YES NO		TIFYING CAUSES	NO [
_	210. ACCIDENT WAS OR CONTRIBUTING (CAUSE OF DE	HOUR A.	FINJURY M. MONTH DA M.	AY YEAR	21c. HOW INJURY	OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 1:	8 PART 1 OR PART 2)	
MEDICAL	21d INJURY OCC	T WHILE WORK	21e. PLACE (AT HOME STE	OF INJURY PEET, FACTORY, OFFICE F	ARM, ETC)	211. LOCATION STREET		CITY OR TO	WN .	COUNTY	STATE
	saw the dec above, (1) (w	eased alive an	C/ 41	ofter death:	•		apinian c	to to	ate and h		
	22b. SIGNATURE	1.19	Distru	and to	w)	DEGREE ATTEN	IDING .	MEDICAL STA	FF CIANI	22c. DATE	SIGNED SIGNED

Alfred G. Ossman, Jr.M.D. 230. BURIAL, CREMATION, REMOVAL 236. DATE

22e. ADDRESS

1101 St. Paul St., Balto., Md. Bethel Pres. Ch. Cem. White Hall

234 NAME OF CEMETERY OR CREMATORY

10/18/84

Harford Maryland

Burial
24 FUNERAL DIRECTOR

MPORTANT: IF IN

DHMH - 16 50M 4/82 (VRA 15, 4)

Martin D. Lawson, 10 W. Padonia Rd. 21093

1 6 1984 Julia Sandar Ambara

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL DYGIENE

26391

I. DECEASED NAME (TYPE OR PRINT) 3. SEX Female 76. BIRTHPLACE (STATICOUNTRY) Maryland 10. CITY OR TOWN OF		BARA ARACE White		S. DATE C		REG. N. 20 DATE OF DEATH 10-23-8 6. AGE (IN YEARS LAST BIR	MONTH DAY	UNDER I YEAR	HOUR A
Female Female 7a. BIRTHPLACE (STATIL COUNTRY) Maryland		4 RACE White		DATE C	OF BIRTH		THDAY] IF		11:0 F UNDER 24 HRS.
Female 7a BIRTHPLACE (STATE COUNTRY) Maryland		4 RACE White		DATE C	OF BIRTH		THDAY] IF		FUNDER 24 HRS
Maryland	OR FOREIGN								
Maryland	OR FOREIGN	THE CHARLES OF	μ	vov.	2, 1932	51	YRS.	NTHS DAYS	HOURS MIN
Maryland		16. CITIZEN OF	WALLE COLLECTIONS		D A NEVER MARRIED	9. BALTIMORE CITY C		FDEATH	17
10 CITY OR TOWN OF		U.S.		WIDOWE		BALTIM	ORE CO	YTAUC	
	DEATH		HOSPITAL, NURSING		OR OTHER INSTITUTION	120 USUAL OCCUPATI		12b. KIND OF I	BUSINESS O
TOWSON			G.B.M.C.			Counselor		Mental	Healt
USUAL RESIDENCE (# 130 STATE Maryland	13b COU	NTY	GIVE RESIDENCE BEFORE AT 136 CITY OR TOWN TOWSON	DMISSION)	13d INSIDE CITY LIMITS? YES NO 🔀	13e STREET ADDRESS A	ZIP CODE gal Dr.	21204	1
14 FATHER'S NAME		MIDDI E	LAST					TAST	
Nestor		A.	Staicos		Marion			King	J
			166 SOCIAL SECURI	TY NO.	17. INFORMANT	ADDRE	SS		
No			215-28-00	059	Dr. Romulo V	. Goco - Sa	ame as	#13	100
gove rise to couse (o), so underlying co	immediate oting the use lost.	(c)_	r as a consequen	CE OF		inal disease or con	DITION GIVEN	IN PART 110	
190 DATE OF OPI	RATION	196 COND	ITION FOR WHICH O	PERATIO	N WAS PERFORMED	200 AUTOPSY? YES NOW	IN CERTIFY!	NG CAUSES O	SS USED OF DEATH?
OR CONTRIBUTION	CAUSE OF DE	ATH HOUR A.	M. MONTH DAY		21c HOW INJURY OCCUR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T I OR PART 2)	
21d. INJURY OCC	URRED	21e. PLACE	OF INJURY		211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
sow the dec	eosed olive or	10-23	19	84. or	nd that in (my) (aur) opinion o	, to	., 19 ote and hour a	22c. DATE SI	
22d. PHY SICIAN	hat ITPE	Plus OR PRINT)	u MD		ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAI	CIAN	21204	
P	ber	t Pri	1co MU	>	6701 1	N. CHARLES			SON. N
1	1000	. , , , , ,						,	
16	Nestor Nestor Nestor No IB. CAUSE OF DE PART I. DEATH Conditions, if c gove rise to couse lo), st underlying co PART 2. OTHER S PART 2. OTHER S OR CONTRIBUTING [GERIMER NOTIFY A AT WORK AT WORK 21d. INJURY OCC WHILE NO AT WORK 22d. Certify the dec. above, (I) (w. 22b. SIGNATURE	Nestor Nestor Nestor Nestor No No No No No No No No No	Nestor Nestor Nestor Nestor No WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) II. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE IO) Conditions, if ony, which gove rise to immediate cause Io), storing the underlying cause lost. DUE TO, O Conditions, if ony, which gove rise to immediate cause Io). PART 2. OTHER SIGNIFICANT CONDITIONS CO. 190 DATE OF OPERATION 190 DATE OF OPERATION 190 DATE OF OPERATION 191 LACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 11d. INJURY OCCURRED 12d. INJURY OCCURRED 21e. PLACE (AT HOME, ST. AT WORK 22e. I certify that (I) (this hospital) ottended the sow the deceased alive on above, (I) (we) idid) (did not) view the body 22d. DUM IT INTENDED.	Nestor A. Staicos Nestor A. Staicos No WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO 18. CAUSE OF DEATH (Enter only one cause per line for 101, (b), and 11. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUEN Conditions, if any, which gove rise to immediate cause lost. Conditions, if only, which gove rise to immediate cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE 190. DATE OF OPERATION 190. CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING DATE OF INJURY OR CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING DATE OF INJURY AT WORK AT WORK 210. ACCIDENT WAS UNDERLYING DATE OF INJURY HOUR A.M. MONTH DAY P.M. 210. TIME OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR AT WORK DATE OF INJURY) AT WORK DATE OF OPERATION TO THE DATE OF INJURY 210. ACCIDENT WAS UNDERLYING DATE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR AT WORK DATE OF INJURY) 220. I Certify that (1) (this hospital) oftended the deceased from date of the deceased olive on date of the date of t	Nestor Nestor Nestor Nestor Nestor No WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE IO) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause Io), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 190 DATE OF OPERATION 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATIO 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH (IF ETHER NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 191 INJURY OCCURRED 210. INDURY HOUR A.M. MONTH DAY YEAR P.M. 211. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 212. I certify that (I) (this hospital) oftended the deceased from above, (I) (we) Idid) (did not) we the body ofter death. 223. DUN ITANIS NAME are consider.	Nestor A. Staicos Marion Mo Was Deceased ever in U.S. Armed Forces? No Was Deceased ever in U.S. Armed Forces? No 18. Cause of Death Lenter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse lo), stoling the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 19. DATE OF OPERATION 19. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING COUSE OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19. MONTH DAY YEAR AI WORK 19. MONTH DAY YEAR AI WORK 19. MONTH DAY YEAR AI WORK 210. Lertify that (1) (this hospital) attended the deceased from sow the deceased alive on above, (1) (we) (did) (did not) view the body after death 12. ADDRESS 12. ADDRESS MATION MAYION 17. INFORMANT	Nestor A. Staicos Marion Nestor A. Staicos Marion No WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) NO 215-28-0059 Dr. Romulo V. Goco - Sa 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) NEUROLOGIC INSULT (TUMOR) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause lost. (b) METASTATIC BREAST CA DUE TO, OR AS A CONSEQUENCE OF Underlying cause lost. (c) METASTATIC BREAST CA DUE TO, OR AS A CONSEQUENCE OF PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CON 190 DATE OF OPERATION 190 DATE OF OPERATION 190 CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTIFY MEDICAL EXAMINER) P.M. 19 210 LOCATION 211 LOCATION SIREET CITYORIO 212 CERTIFY MEDICAL EXAMINER 213 LOCATION SIREET CITYORIO 214 LOCATION SIREET CITYORIO 215 SIGNATUR DEGREE ATTENDING MEDICAL STA	Nestor A. Staicos Marion Nestor A. Staicos Marion No WAS DECEASED EVER IN U.S. ARMED FORCES? NO WAS DECEASED EVER IN U.S. ARMED FORCES? INSO OR UNKNOWN) IF YES, GIVE WAR OR DATES) IB CAUSE OF DEATH. IEnter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE OB BY. IMMEDIATE CAUSE OF DEATH IS A CONSEQUENCE OF IDEA COUSE MILITIAN OF THE TERMINAL DISEASE OR CONDITION GIVEN ON THE MILITIAN OF THE MILITIAN	I FATHER'S NAME NESTOR NESTOR A. Staicos Staicos Marion II. INFORMANT ADDRESS TYS. NO OR UNKNOWN) NO II. 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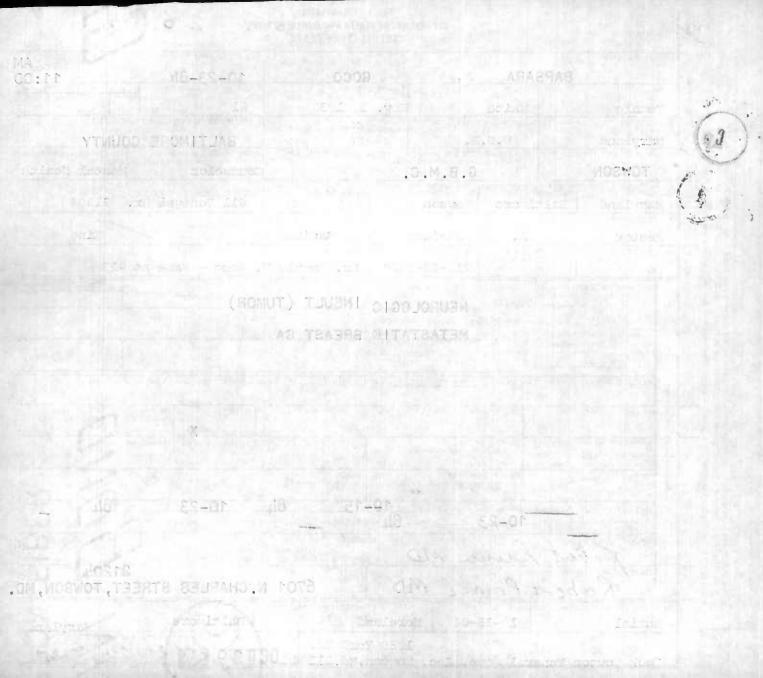
Towson, Md. 21204

Inc

DHMH - 16 50M 4/83 (VRA 15, 4)

Ruck Towson Funeral Home,

BP.



N	1 -	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAGHYO CERTIFICATE OF DEATH	SHENE 2 6 3	9 2
	1. DE	CEASED NAME FIRST	WIDDLE	ŁAST	20 DATE OF DEATH MONTH DA	AY YEAR 26. HOUR
hoy be	(1),72	MARGA	ARET ISABELLA	GODFREY	OCTOBER 2	5.1984 9:30F
0 0	3 SE	X	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR		FUNDER TYEAR IF UNDER 24 HRS
		FEMALE	WHITE	JANUARY 21, 1893	91 YRS	
E A MA		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	7 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
12/		OTLAND	SCOTLAND	WIDOWED DIVORCED	BALTIMORE COUNT	TY MD.
1190	C	ATONSVILLE	MERIDIAN NURS	. HOME, CATONSVILL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) WEAVER	126. KIND OF BUSINESS OR INDUSTRY TEXTILE
filled in	130 S	AL RESIDENCE HE MURSING HOME STATE RYLAND	E IVE RESIDENCE BEFO 13c CITY OR TO ELLLICO	TT CITY YES NO 🖸	136 STREET ADDRESS / ZIP CODE 783 OELLA AVENUE	E 21043
1 1/30		ATHER'S NAME FIRST	MIDDLE LAST WELSH	15. MOTHER'S MAIDEN NA	unknown	EAST
Popes		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES NO	GIVE WAR OR DATES)	6287 MR. EDWARD D		ESTCHESTER AVE.
rtificat physican proap emova		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	r only one couse per late to seat, (b), o	P(1) > -		BETWEEN ONSET AND DEATH
ING PHYSICIAN: The low requires that the death certificate be required that it is carried and physician. After this certificate has been signed by the attending physician and concerning that and so she burial-transit permit. Then please remove carbon pop the populations to be prior to burial, cremation, or removal and a shown and hygiene prior to burial, cremation, or removal and a shown and play in jury, or ather troumatic event,	NC	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSEO	UENCE OF DEATH BUT NOT RELATED TO THE TERA		N IN PART I to
he law re on. has been to prior ene prior	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
IVSICIAN: The physicic of the		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM	DEATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT OR PART 2)
IVISION JG PHYS offendin fer this of ss the bur h and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
NTTENDIA spital or CTOR: Af for use of Health		22a. I certify that (1) (this has sow the deceased alive above. (1) tye) (did) (did	ospital Atended the decaded from	, and that in (my) (our) opinion	death occurred on the date and hour	9, that (I) (we) lost and from the causes stated
by the has by the has by the has be detached state Dept State Dept		226 SIGNATUR	ger	DEGREE ATTENDING PHYSICIAN {	MEDICAL STAFF DIRECTOR PHYSICIAN	10 - 268 4
O HOSPITAL etained by the TO FUNERAL should be det with the State		94 OR9	FIFN90L	3350 Wi.	luns pro	e-Boln
56 - 22 5		BURIAL, CREMATION, REMOV		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY STATE
BP		CREMATION	10/26/84 W	ESTVIEW MEM. PARK		ITO. MD
DHMH - 16 50M 4/83	24. F	UNERAL DIRECTOR	P.O. BOX.	268 25a DA	TE REC'D. BY REGISTRAR 256. REGISTR	
(VRA 15, 4)	SI	ACK FUNERAL H			VIV 1 1081 Fishia	Deviden Pandose

ENULTE 81, 1873 COLES WHILLY A LABOR COL His Later Van mirale STANDER OF THE PROPERTY OF THE STANDARD OF THE executed within 24 hours after death. Page 4 may be

death certificate be

afte director.

attending physicion and campletely filled in by the fu nove corbonpapers. Poges 1 and 2 should be filed — I

shows any injury, or other traumotic event, the

TO FUNERAL DIRECTOR, After this certificate has been signed by the should be detached for use as the buriol-transit permit. Then please rewith the State Dept. af Health and Mental Hygiene prior to buriol, cren

IMPORTANT: If Hem 21 is morked or Hem 18

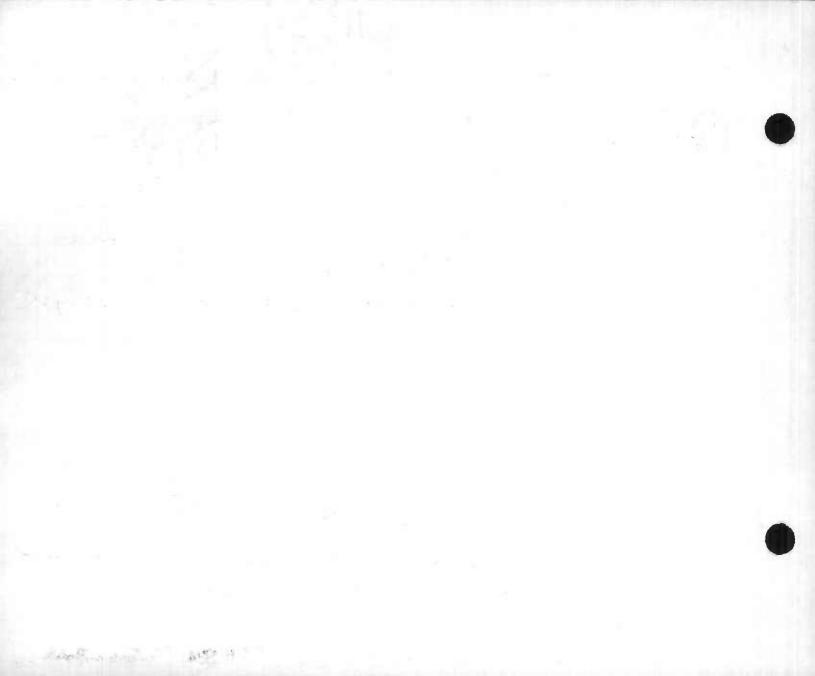
TO HOSPITAL OR ATTENDING PHYSICIAN: The law

BP DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTACHYGIENE

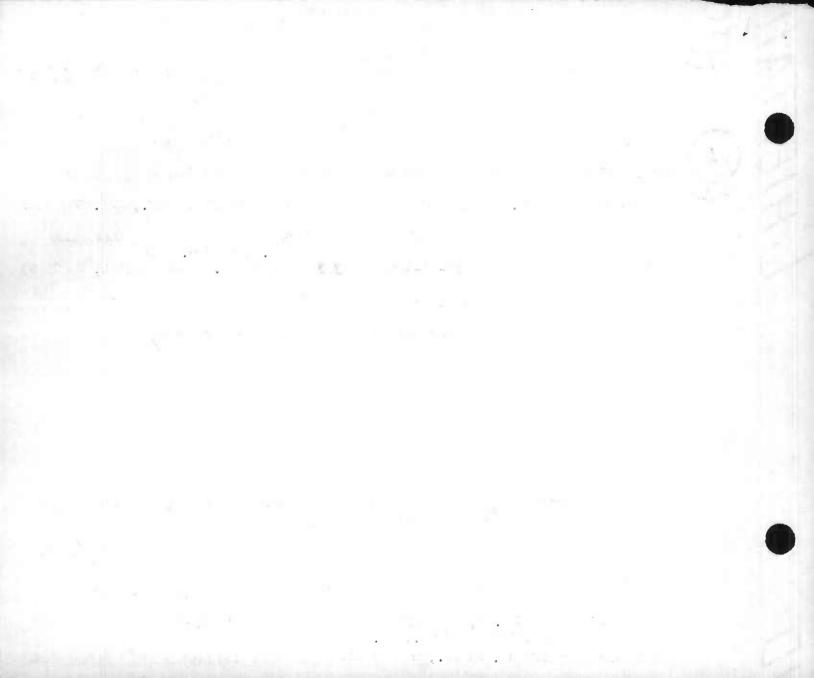
ı		REGISTRAR		CERTIFICATE OF DEATH					0.			
Ì		EASED NAME FIRST	MIDDLE		LAST		20 DATE	20 DATE OF DEATH MONTH			OAY YEAR 26 HOUR	
1	{TYPE	ORPRINT) KATH	RYN	M.	Go	niwa	OCT	OBER	10.	4891	2:30 A.M.	
Ì	3 SEX		4. RACE		5. DATE C		6. AGE (IN	YEARS LAST BIRT	THDAY	IF UNDER I YEAR	IF UNDER 24 HRS	
l	FEMALE WHIT			JAN. 6, 1896			8	8	YRS	MONTHS DAYS	HOURS MIN.	
ď		BIRTHPLACE (STATE OR FOREIGN 76 CITIL		IZEN OF WHAT COUNTRY?		8. MARRIED NEVER MARRIED		BALTIMORE CITY OR COUNTY				
1	PS		U-S-A.		WIDOWED DIVORCED		BAX	BALTIMORE CO			MD.	
1	10. CI	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE				OR OTHER INSTITUTION		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				
1	TARKVILLE 13040 CALIFOR USUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE A					MA HVE. AT HOME						
1	13a. S		NTY	HARKY ILL	E ADMISSION)	136. INSIDE CITY LIMITS?	130.STREET	ADDRESS /	ZIP COD		7152H	
, i	14. FA	THER'S NAME	WIDDIE	LAST		15 MOTHER'S MAIDEN N	IAME	MIDDLE		LAS		
I		AnTHony	MIDDLE	KRESS		5 mm	A			HARO		
1		VAS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	^	ADDRE	SS			
I	1	10		201071	1923	FAM.LY	RECO	ROS				
ľ		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I, DEATH WAS CAUSED BY.									MATE INTERVAL ONSET AND DEATH	
			TE CAUSE (b)	an	cho	ma of	50	as	1	10	you	
			DUE TO, O	R AS A CONSEQU	ENCE OF							
		Conditions, if any, which (b)										
		couse (a), stating the	Ting the DUE TO, OR AS A CONSEQUENCE OF									
underlying couse last.												
ľ	z	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEA	ASE OR CON	DITIONG	IVEN IN PART 110	a	
4	CERTIFICATION	19a DATE OF OPERATION	ITION FOR WHICH	ON FOR WHICH OPERATION WAS PERFORMED			TOPSY?	70b. IF Y	ES. WERE FINDIN	NGS USED		
I	IFIC.	THE OF CLEANION	178 60.40				IN CERTIFYING CAUSES OF DEATH? YES NO NO NO NO					
1	ERT	71a. ACCIDENT WAS UNDERLYING	7 216. TIME C	F INJURY		21¢ HOW INJURY OCCU					NO []	
1		OR CONTRIBUTING CAUSE OF DE	AIR	M. MONTH D								
ı	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		M. OF INJURY	19	211 LOCATION		L-1112 PV-1	A SECTION AND ADDRESS OF THE ADDRESS		-	
ı	ME	WHILE NOT WHILE THE	(AT HOME ST	REET, FACTORY, OFFICE	ARM, ETC)	STREET	_	CHHONIO	T	COUNTY	STATE	
J		220 1 certify that (1) (this hasp	ital) attended th	ne deceased from_	Ma	V 5 19 6	5 to (00	10	19.8	that (1 (we) lost	
ı		sow the decreased always 19 34, and that ip (my laur) opinion death accurred on the date and hour and from the causes									couses stated	
ı		27h SIGNATURE	apview the body	Trer dealer		DEGREE				22c. DATE	SIGNED	
1		years - Gilman				MINISTENDING MEDICAL STAFF 10/12/54						
1		274 PHYSICIAN'S NAME OF	SE PROVIDE	450		22e ADDRESS						
		DR. GEORGET. GILMORE 1717 YORK ROAD - LUTHERVILLE										
236. BURIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTRY CITY OR TOWN										COUNTY .	STATE	
BURIAL 10-13-1984 DULANZY VALLEY TIMONIUM B								ALTO- MA	ARYLAND			
	24 FL	INERAL DIRECTOR	00	ADDRESS	880		ATE REC'D. BY	REGISTRAR	25b. REGIS	STRAR'S SIGNAT	URE	
	2	VANS CHAPEL	OFTIS	MORISS!	HARE	URO ROAD!	16	1984	.Val	Davidson A	andelle .	



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ge 4 moy	1 SEX			4. RACE CA-U		MON	1 4 04	AR -	AGE (IN YEARS	O YRS.	IF UNDER TYEAS	
d d d	(RTHPLACE (STATE OR FOUNTRY) MARYLAND		76 CITIZEN OF	SA	WIDOW		ED 🗌	BAlte	OR COUNT		MD.
s offer o	RAN	DALLSTOWN		BALLE	CH FACILITY GIVE	STREET ADDRESS)	0.0	ON I		MOST OF WORKING LI	FE) INDUSTRY	OF BUSINESS OR Y THOME
YLAND 2120 rithin 24 hours hould be	130 S	L RESIDENCE (IF NURS) TATE ARYLAND THER'S NAME	136 COUN	OTHER INSTITUTION	136. CITY OR BALTIM	TOWN	13d. INSIDE CITY LIA YES NOX	X.	11 SL	RESS / ZIP COD ADE AVE.		303 #2120
E, MARY		MOSES /AS DECEASED EVER			ROSENST	EIN SECURITY NO.	FIRST	SSIE	MI	APPRESCOLD		MONNY
ALTIMORI te be exected by a construction and sers. Pages I	Ň	ES. NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	213-4	8-6387	11303 WO					MD 21093
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours ratefully physician. Wher this certificate has been signed by the attending physician and completely filled in a os the buriol-transit permit. Then please remove corbonapapers. Pages and though be this and Mental Hygiene prior to buriol, cremotian, or removal. On the second injury, or other traumatic event, the medical results in model.	NO	Canditians, if any, gave rise to imm couse (a), statin underlying cause	nediate g the last	(c)	OR AS A CONS	SEQUENCE OF	T NOT RELATED TO TH	HE TERMIN		CONDITION GI	VEN IN PART	lio
AL RECOR	CERTIFICATION	19a DATE OF OPERA				HICH OPERATI	ON WAS PERFORMED			D IN CERT	ES 🗌	ES OF DEATH?
ISION OF VITAL PHYSICIAN. The tending physicia the burial-transit and Mental Hygie.	MEDICAL CE	21a. ACCIDENT WAS UNE OR CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	CAUSE OF DEA	ATH HOUR A	.M. MONTH	DAY YEAR	21¢ HOW INJURY 21f LOCATION STREET			OF INJURY IN ITEM 18	COUNTY	STATE
ATTEND Spital of		220.1 certify that (1) saw the lecease abave (1) (we) (2) 22b. SIGNATURE	this hospi	2 0 6 1 4		42 64	nnd that in (my) (dur)	pinian de	, 10	of 16 the date and ha		n, that (I we lost he causes stated
HOSPITAL Or und by the FUNERAL DI vid be detach in the State De ORTANT, if h		22d PHYSICIAN SIN	2/	DR PRINT)	MS.	mo	ATTEN PHYSI 220 ADDRESS		MEDICAL DIRECTOR	STAFF PHYSICIAN	(19)	116/84 c VS/s
BP 01 8 W W W W W W W W W W W W W W W W W W	23o E	SURIAL, CREMATION, SPECIFY) BURIAL	REMOVAL	236 DATE		23c. NAME OF	CEMETERY OR CREM	ATORY	23d LOCAPO		COUNTY	JARYLAND
DHMH - 16 50M 4/83 (VRA 15, 4)	1	NERAL DIRECTOR NAME 6010 REIST		LEVINSO	N & BRO	OS.,INC		250. DATE	T 18 K	STRAR 256. REGIS		ATURE Rando BR



HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after

ottending physician.

etained by the hospital ar

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in the should be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal.

MAPORTANT: If them 21 is marked or them 18 shows any injury, ar ather traumatic event, the medical examiner must be applied.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2639

- 10-	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	0.	
	1. DECEASED NAME RENAMEST	. ,VAť	ENTIM	GO.	RE	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
1	RENA	V.	60			10 -12-	84	700 M
1	3 SEX	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER I YE	
1	Female	White		Mar	ch 19, 1891	93	YRS	
1	7a BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8. MARRIEI	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
7	Maryland	U.S.A	١.	WIDOWE	9.7	BALTO, C	POLINTY,	MD.
7	0 CITY OR TOWN OF DEATH	11. NAME OF H		G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATI		OF BUSINESS OR
A	TOWSON .	STELL	A MARK	5 60	SPICE	Homemak	er	
1	USUAL RESIDENCE (IF NURSING HOME OR 130 STATE 13b. COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		1134 INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	
4		timore	Baltimor	e	YES NO X	326 Hopki	ns Road 212	12
A	14 FATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE		LAST
1	John Josep	h	Valentin	i	Josephine		Barth	
	160 WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS	
1	No		219-10-8	638F2	Mrs. J.M.She	a Jr. 326 H		
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per	line for (a), (b), and	l (ciu)		0	APPR BET WEI	OXIMATE INTERVAL IN ONSET AND DEATH
1		E CAUSE (o)	EREBR	AL	VASCULAR	HCCIDE	NT	100
1		DUE TO, OF	AS A CONSEQUE	NCE OF	0 .			
	Conditions, if any, which	(b)/	HOVANO	ED	ARTERIOS	CLERO.	515	
1	gave rise to immediate couse (a), stating the	DUE TO, OF	AS A CONSEQUE	NCE OF				
1	underlying couse last.	(c)						
1	PART 2. OTHER SIGNIFICANT O	CONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	NAL DISEASE OR CON	DITION GIVEN IN PART	lto
4	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	IN COND	TION SOR WILLIAM	OBERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIN	ONICS LICED
1	DATE OF OPERATION	140 CONDI	TION FOR WHICH	OPERALIO	N WAS PERFORMED		IN CERTIFYING CAUS	ES OF DEATH?
4	71g. ACCIDENT WAS UNDERLYING	7 21b, TIME OI	E INTITIPY		21c HOW INJURY OCCURR	YES NO	YES	NO 🗌
1	OR COLUMNIC CALLES OF DE	110.10		Y YEAR	THE HOW HASOKI OCCORN	ED (ENIEK NATUKE OF INTO	RT IN HEM TO PART TORPART	
	S (IF EITHER, NOTIFY MEDICAL EXAMINER	n .			THE COUNTY OF THE PARTY OF THE			3
	O 214 INTILIPY OCCUPRED			19	711 LOCATION			
	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE	21e. PLACE C			211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE
	AT WORK AT WORK	21e. PLACE C (AT HOME, STRI	OF INJURY BET, FACTORY, OFFICE FA			CITY OR TO	wn county	STATE
	22a.l certify that (I) (this hospi	21e. PLACE ((AT HOME, STRI tol) ottended the	deceased from	ARM, ETC }			12, 1983	STATE _, that (I) (we) lost
	27a.l certify that (I) (this hospi sow the deceased alive on obave, (I) (we) (did) (did no	21e. PLACE ((AT HOME, STRI tol) ottended the	deceased from	ARM, ETC.)	od that in (my) (our) opinion of		12, 1923 ote and hour and from t	state _, that (h (we) lost he couses stated
	22a.l certify that (I) (this hospi	21e. PLACE ((AT HOME, STRI tol) ottended the	deceased from	ARM, ETC.)	street , 19 and that in (my) (our) opinion of DEGREE	eath occurred on the do	12, 19 23 ote and hour and from t	state _, that (I) (we) lost the couses stated TE_SIGNED
4	27a.l certify that (I) (this hospi sow the deceased alive on obave, (I) (we) (did) (did no	21e. PLACE C (AT HOME, STRI tol) ottended the	deceased from	ARM, ETC.)	street , 19 and that in (my) (our) opinion of DEGREE		12, 19 23 ote and hour and from t	state _, that (h (we) lost he couses stated
2	22a. I certify that (I) (this hospi sow the deceosed alive on above, (I) (we) (did) (did no 22b. SIGNATURE	21e. PLACE C (AT HOME, STRI tol) ottended the	deceased from	ARM, ETC.)	od that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	12, 19 23 ote and hour and from t	state _, that (I) (we) lost the couses stated TE_SIGNED
-	22a. I certify that (I) (this hospi sow the deceased alive on obave, (I) (we) (did) (did no 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE, C KENDALL 1	21e. PLACE (AT HOME, STRI tol) oftended the t) view the body. Taul RRRINT)	OF INJURY BEEL FACTORY, OFFICE	ARM, EIC)	od that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN 77e. ADDRESS	MEDICAL STAI DIRECTOR PHYSIC	ote and hour and from the property of the prop	state ., that (I) (we) lost the couses stated TE SIGNED //2/84
2	22a. I certify that (I) (this hosping sow the deceased alive on above, (I) (we) (did) (did not 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE, COMPANY) (SPECIFY)	21e. PLACE C (AT HOME, STRI tol) oftended the (AT HOME, STRI tol) oftended tol) oftend	OF INJURY SET, FACTORY, OFFICE	ER JAME OF C	nd that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN 2300 DUL A EMETERY OR CREMATORY	MEDICAL STAL DIRECTOR PHYSIC VE VALLE 23d LOCATION CITY OR 10WN	ote and hour and from to 272c DA 10 10 10 10 10 10 10 10 10 10 10 10 10	state ., that (I) (we) lost the couses stated TE SIGNED //2/84
2	22a. I certify that (I) (this hospi sow the deceased alive on obave, (I) (we) (did) (did no 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE, C KENDALL 1	21e. PLACE C (AT HOME, STRI tol) oftended the (AT HOME, STRI tol) oftended tol) oftend	OF INJURY SET, FACTORY, OFFICE	ER JAME OF C	DEGREE ATTENDING PHYSICIAN 2300 DULA EMETERY OR CREMATORY Ridge	MEDICAL STAL DIRECTOR PHYSIC	ote and hour and from the property of the prop	, that (I) (we) lost the couses stated TE SIGNED 12 84 STATE Md.

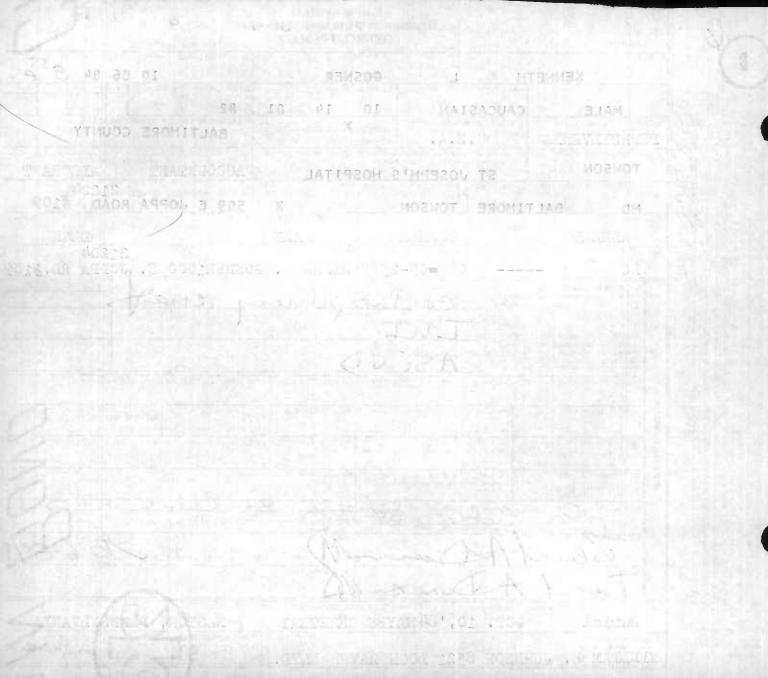
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAKNYGIENE

JOHNSON 8521 LOCH RAVEN

(VRA 15, 4)

STATE OF MARYLAND



STATE OF MARYLAND

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HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

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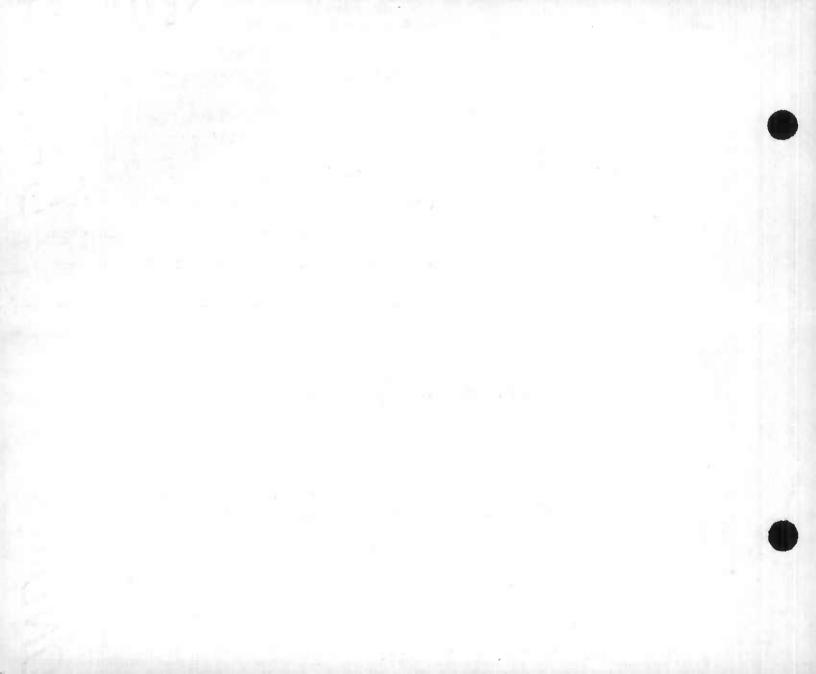
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTACHYGIENE

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	FT 110 - 25 F		Tillian u. o.	

4	FOR T STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTARY CERTIFICATE OF DEATH	GIENE 2 6	0 2
	I. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
nay be page 3 er death	Jame	F.	Griggs Sr.	October 18	1984
may pog ter de	3. SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
ge 4 mo ector. po	male	black	12 16 14	69 YRS	
a 5 2 2	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8. MARRIED □ NEVER MARRIED □	9. BALTIMORE CITY OR COUN	TY OF DEATH
to of the second	MD	USA	WIDOWED . DIVORCED	Baltimore Co	ounty, MD.
the fune decinition of within	18. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
- to +0 /5/	Catonsville	304 Suter Ro		(TIPE OF WORK FOR MOST OF WORKING	A .
be f	USUAL RESIDENCE HE NURSING HEA	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION)	138.STREET ADDRESS / ZIP CO	DE 2/2/18
filled oould b	MD	Baltim		304 Suter	Rd. Apt. A (28
etely sh	14. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME	
pe plan	Elijah	Grig	gs Margar		Lumpkins
Sund co	160 WAS DECEASED EVER IN U.S	ARMED FORCES? 166 SOCIAL SEC	URITY NO. 17. INFORMANT	ADDRESS	
Pog	NO NO	217-16	-4710 Mildred H	arriston 3620	Anne Hathaway
NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours of the death certificate be executed within 24 hours of the death certificate be executed within 24 hours of the distribution of completely filled in by so the buriol-transit permit. Then please remove carbon papers. Pages and should be filled in by and Mental Hygiene prior to burial, cremation, or removal.	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICA THE PROPERTY OF THE PRO	DUE TO, OR AS A CONSEQUENT CONDITIONS CONTRIBUTING TO LIGHT CONDITIONS FOR WHICH THE CONDITION FOR WHI	JENCE OF JENCE OF DEATH BUT NOT RELATED TO THE TER JENCEULS OF	MINAL DISEASE OR CONDITION C LICENTAL DISEASE 200 AUTOPSY? 200 IF Y	YES, WERE FINDINGS USED TIFFYING CAUSES OF DEATH? YES NO NO
SICIA ng pl certif riniol-t	(IF EITHER, NOTIFY MEDICAL EXAM	INER) P.M.	19		
DING PHYSIC or attending After this cert es the benial oith and benial oith and benial marked or term	OR CONTRIBUTING CAUSE OF CIFE EITHER, NOT IFY MEDICAL EXAM WHILE NOT WHILE AT WORK AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	(211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
OR ATTENDI he hospiral or DIRECTOR. A cocked for use Dopt: of Heal	saw the deceased alive	ospital) ottended the deceased from 19 do not) view the body after death.		MEDICAL STAFF	. 19, that (h (we) last nour and from the causes stated
TO HOSPITAL OR A etonied by the hos TO FUNERAL DIREC should be detached with the State Dept.	22d. PHYSICIAN'S NAME IT	Evansus	700 Us	shington BIVD,	Belto, ndris
	23a BURIAL, CREMATION, REMO		NAME OF CEMETERY OR CREMATORY	CITY OF TOWN	COUNTY
BP	Burial	10/22/84 5	t. Alphonsus Ce	m. Woodstock	c MD
DHMH - 16 50M 4/83	24 FUNERAL DIRECTOR	ADDRESS		ATE REC'D, BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE DE
(VRA 15, 4)	Wm C March F/	H Inc. 1101 E	North Avenue	2 2 1984	Walman,



TMENT OF HEALTH AND MI
CERTIFICATE OF DE

ND ENTA**G**NYGI**EN**E CERTIFICATE OF DEATH

- 1								RLO. IN	O.			
		OR PRINT)	FIR51		MIDDLE		AST	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HO	UR
			Elmer		ugene		singer	October 20		-	9:20	
	3 SEX		4	RACE		5. DATE C		6. AGE TINYEARS LAST BIS	THDAY	MONTHS DAY		MIN.
	Ma	le	V	White		July	26, 1909	75	YRS			
0		RTHPLACE STATE OR	FOREIGN 71	CITIZEN OF	WHAT COU	INTRY? 8.	DE NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH		
1	_	nnsylvania		J.S.A.		WIDOWE	DIVORCED	Baltimore	Count	ZV.		MD.
1	10. CI	TY OR TOWN OF DE	ATH 1			NURSING HOME (/E STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPAT			OF BUSIN	IESS OR
-		ndalk		1904 Ha	rriso	n Road	21222	Welder		Stee]		
1	USUA 130. S	AL RESIDENCE (IF NUR	13b. COUNT		13c CITY O		1 13d INSIDE CITY LIMITS?	113e STREET ADDRESS	/ ZIP CODE	E		
1	Ma	ryland	Baltin	more	Dund	alk	YES NO 🔀	1904 Harr:	ison F	Road 2	21222	
4	14. FA	THER'S NAME	M	IDDLE	1/	AST	15. MOTHER'S MAIDEN NA	ME MIDDLE			AST	11811
6	Za				Griss	inger	Nellie			Al		
1		VAS DECEASED EVER		ED FORCES?	166 SOCIA	AL SECURITY NO.	17. INFORMANT	ADDR	ESS			
	No		10.000		189-	09-8181	Lula Grissin	nger same	as 13e	9	7.	
		18. CAUSE OF DEAT	TH (Enter only	one couse per	line for to),	(b), and (c).)	. 1 . 1	7		APPRO BETWEE	NONSEJ AN	ERVAL ED DEATH
		PART I. DEATH V	IMMEDIATE		acul	emyore	esdeal into	relion		min	rute.	,
				DUE TO O	R AS A CON	SEQUENCE OF	1/2	0				
		Conditions, if ony		((b)	A.5.	C. V. D. a	nd atrials	ental dele	·f·	Yea	n.	
		gove rise to im couse (o), stati		DUE TO O	R AS A CON	NSEQUENCE OF	0	10	216			
		underlying cous	e lost.	(c)_	CVA	few (Tleasing & L	ialete	-	yeo	us.	776
		PART 2 OTHER SIG	NIFICANI CO	ONDITIONS CO	ONTRIBUTIN	NG TO DEATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OR CON	DITION GIV	VEN IN PART	110	
	CERTIFICATION	mi	rol V	she I	Lefur	gitation	2					
)	ICAI	190 DATE OF OPERA	NOITA	196 COND	IT ON FOR	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FINE		
-	RTIF							YES NO		ES 🗌	NO	
3		OR CONTRIBUTING		21b. TIME O		TH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 I	PART I OR PART 2)	
7	CAL	(IF EITHER, NOTIFY MED	ICAL EXAMINER)	Ρ.	м.	19						
	MEDICAL	214 INJURY OCCUR		21e PLACE		OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OF TO)WN	COUNTY		STATE
	~	AT WORK NOT W	ORK		135	94						m
		22s I certify that (I					1,196619.66	, to_Oct 2	0	,	, that (I)	
		sow the deceo	sed olive on_ (did not)	view the body	other death	1984./	nd that in (my) (opinion	death occurred on the d	ate and hou	or ond from th	ie couses s	stated
		225 SIGNATURE	///	n 1	40		DEGREE		55	22c. DA	TE SIGNED	7
		\rightarrow	May	Jahos	olpi	w /		MEDICAL STA	CIAN []	10/	22/	84
		228 PHYSICIAN'S N	AME crest Out	PR(nt)	/	Man de la	22e. ADDRESS		100			
		Dr. Atao	llah Go	olpira			3029 Dunda	lk Ave. Dun	dalk,	Maryla	and	21222
	23a B	URIAL, CREMATION	, REMOVAL	23b. DATE		23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		COUNTY		STATE
	Bu	rial		10/23/	1984	Christ 1	Lutheran Cem.	Baltimo	re, Ma		1	

DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or ather traumatic event, the medical

should be detached for use as the burial-transit permit. Then please remave carbon page with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remaval.

74 FUNERAL DIRECTOR
Walter Brooks Bradley, Inc. Dundalk, MD 21222

Cem. | Baltimore, Maryland
| 256 DATE REC'D. BY REGISTRAN 256 PROJECT 2 2 1984 | Parkets Signal Production - Production -

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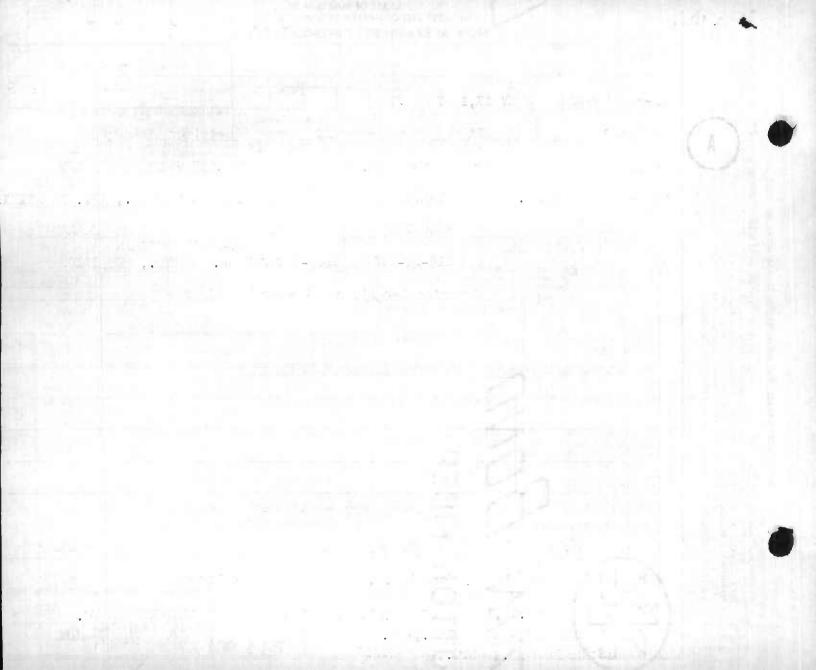
		STATE REGISTRAR	184 10				EALTH AND MENTAL HY		REG NO.			
~		CEASED NAME	FIRST	M	DOLE		\S1	20 DATE OF			YEAR 26 HOUR	t
	3. SEX		arl	1 RACE	R.	5. DATE O	rose	A AGE LINYE	10 ARS LAST BIRTHDAY)		84 DER TYEAR OF UNDER 2	A HRS
		ALE		WHITE		MONTH	10 19	See .	-	YRS.	S DAYS HOURS	MIN.
2 816		RTHPLACE (STATE OR F	OREIGN I	16. CITIZEN OF W	HAT COUNTRY?	8 MADDIET	NEVER MARRIED	9 BALTIMOI	RE CITY OR CO	UNTY OF		
20		ARYLAND		USA		WIDOWE	D DIVORCED	BA	LTIMORE			MD.
200	B	ALTO. COUN	TY	3 Joppan	FACILITY GIVE STREET	Apt.	A-1 21236	TTYPE OF WORK	FOR MOST OF WOR th. Mini	KING LIFE) IN	L KIND OF BUSINES IDUSTRY Magothy U	
35	13a S	LE RESIDENCE (IF NURSI TATE ARYLAND	136 COUN BALT	OTHER INSTITUTION, C TY TMORE	SIVE RESIDENCE BEFORE 131. CITY OR TOW	E ADMISSION) /N	13d. INSIDE CITY LIMITS?		DDRESS / ZIP	Code Ct. A	.pt. A-1 2	1236
Coming	14. FA	THER'S NAME	Ĺ	AIDDIE ICO	Grose		15. MOTHER'S MAIDEN N	AME	MIDDLE	Wil	liams	
medical		AS DECEASED EVER		MED FORCES? WAR OR DATES)	235-28-		Grace A. (Grose 3	Joppawo	ood Ct		
t, the		18 CAUSE OF DEATH	H (Enter onl	y one couse per l							APPROXIMATE INTERV BETWEEN ONSET AND D	VAL DE ATH
remay c event,		PARTI. DEATH W		E CAUSE (a)	Cerebra	1 Hemo	orrhage				Sudden	
an, o				DUE TO, OR	AS A CONSTOU							
cremotic		Conditions, if ony, gove rise to imm couse (a), statin underlying cause	nediote g the	DUE TO, OR	AS A CONSEOU		Hypertension	n ASCUD				
o burial, cremati	Z	gove rise to imm couse (a), statin underlying cause	nediate ig the lost	(e)	AS A CONSEOU	ENCE OF	Hypertension		E OR CONDITIO	DN GIVEN II	N PART 110	
s any injury, ar ather fra	TIFICATION	gove rise to imm couse (a), statin underlying cause	nediote g the lost	ONDITIONS CO	AS A CONSEOU	ENCE OF		MINAL DISEASE	PSY7. 20k	IF YES, WE	N PART 110 RE FINDINGS USED G CAUSES OF DEATH	
3	AL CERTIFICATION	gove rise to imm couse (o), storing underlying cause PART 2 OTHER SIGN THE DATE OF OPERAL THE ACCOUNT WAS USED ON CONTRIBUTING [1]	NIFICANT C	ONDITIONS CO	AS A CONSEOU NTRIBUTING TO ION FOR WHICH INJURY	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE	PSYY. 206 NOSEK	IF YES, WE CERTIFYING YES	RE FINDINGS USED 3 CAUSES OF DEATH NO	
rked on THA 38 HO is any injury, or ather trai	MEDICAL CERTIFICATION	gove rise to imm couse (o), stofin underlying cause PART 2 OTHER SIGN THE DATE OF OPERAL	NIFICANT C	ONDITIONS CO	AS A CONSEQUENTRIBUTING TO	DEATH BUT OPERATION AY YEAR	NOT RELATED TO THE TER	MINAL DISEASE	PSYY. 206 NOSEK	TEM 18 PART 1	RE FRIDINGS USED G CAUSES OF DEATH NO	
of Heolth and worthal Hydrame prior to burial, cremating 11 is marked at the US to any injury, or other training		gove rise to imm couse (o), storing underlying cause PART 2 OTHER SIGN THE DATE OF OPERAT THE DATE OF O	NIFICANT C	ONDITIONS CO	AS A CONSEQUENTRIBUTING TO ION FOR WHICH INJURY MONTH D HE INJURY HE INJURY HE INJURY HE INJURY HE INJURY	DEATH BUT OPERATION AY YEAR 19	NOT RELATED TO THE TER N WAS PERFORMED	MINAL DISEASE 10st AUTO TES TO	NOTES NOTES OF PAULET DATE	HE YES, WE CERTIFYING YES THE	RE FINDINGS USED G CAUSES OF DEATH NO	rate
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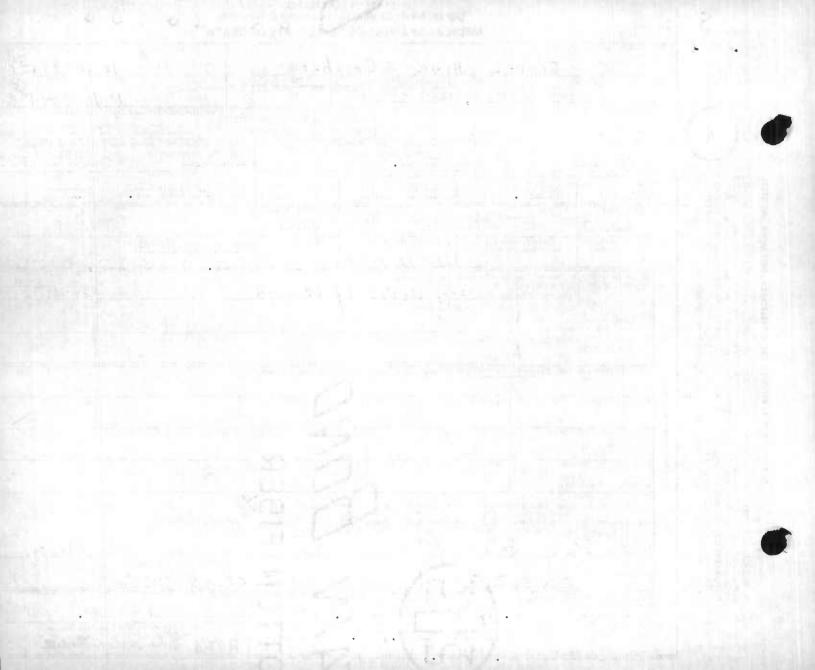
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1-	FOR STATE			EPARTMENT OF	HEALTH		E DEATH "	405	
	REGISTRAR ECEASED NAME YPE OR PRINT!	FIRST	MED	MIDDLE	L	AST	20. DATE KNOWN	NO.	YEAR 26 HOUR
3. SE		MO	ATE OF BIRTH	6. AGE (IN YE LAST BIRTHD	AY) MONTHS	DER 1 YR. IF UNDER		10-8-84	YEAR 54 HOUR
7a E	BIRTHPLACE (STATE OF OREIGN COUNTRY) MARYLAND	76 0	USA	AT COUNTRY?		D NEVER MARRI	ED 🖳	Y OR COUNTY OF DEA	
ID C	BALT IMORE	(NAME OF HOSP	PITAL, NURSING HOMI BITY, GIVE STREET ADDRESS) UE Drive A	, OR OTHE	RINSTITUTION	120 USUAL OCCUPATION FOR MOST OF WORKING LIFE) STENOGRAPHE	(TYPE OF WORK 12b. KIND O	DUSTRY
13a	JAL RESIDENCE (# INP STATE MARYLAND	136 COUNTY BALTO	ER INSTITUTION, GIVE	E RESIDENCE BEFORE ADMISSI 131. CITY OR TOWN BALTIMOR	(MC	3d. INSIDE CITY LIMITS? YES NO 💢	13e STREET ADDRESS		1215
	FATHER'S NAME FIRST JOSEPH	MIDI		DENOWITZ		15. MOTHER'S MAIDE FRIST ETT	'A	KELL	
(WAS DECEASED EVE (YES, NO, OR UNKNOWN) NO	(IF YES, GIVE WAR O	R DATES)	216-30-50 far (a), (b), and (c).)		17. INFORMANT 2908–A TEF	STANLEY GRO	, MD 2120	MATE INTERVAL
NO		immediate ng the <u>under-</u> it.	(b)	AS A CONSEQUENCE OF AS A CONSEQUENCE OF THE TERM	OF.	DR CONDITION GIVEN IN PAI	RT I (a).		
CERTIFICATION	190 DATE OF OPER	RATION	196 CONDITI	ON FOR WHICH OPER	ATION WA	S PERFORMED?		20 AUTO	
MEDICAL CER		OR CAUSE OF DEATH	H P.M.	MONTH DAY YEAR	1		D (ENTER NATURE OF INJURY IN ITEM	A 18 PART 1 OR PART 2)	
MED		RRED T WHILE WORK		FINJURY (AT HOME, DRY, FARM, ETC.)	211 LOC	REET	CITY OR TOWN	COUNTY	STATE
	death resulted fra	Motoral can	WORTH .	ribed abave, held an Accident . Su	Autapsy	Hamicide TITLE (SPECIFY) Assistant	Undetermined manner	and in my apinian DATE 10-4	9-84
730	EXAMINER'S NAM	E Marga	rita A.	Korell,M.	DA	DURESS	Penn Street		
23a.1	(TYPE OR PRINT) _ BURIAL, CREMATION, (SPECIFY)		10,1984	23c. NAME OF CE		RIAL PARK	23d LOCATION CITY OF TOWN RANDALLSTO	OWN BALTO.	STATE MD

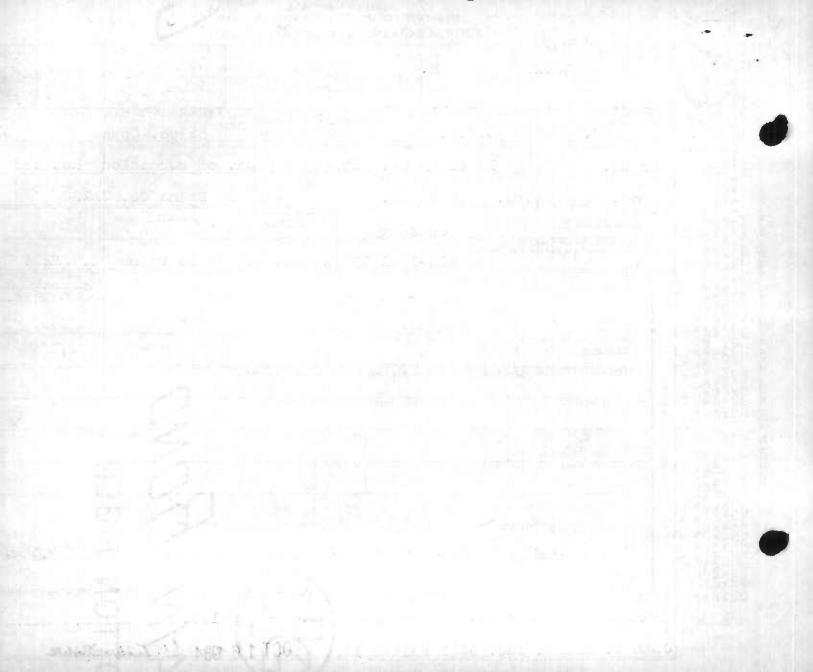


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8 1.	ST	ATE				PARTMENT O			W 960	14	8	6	6-A L) 0		
	PÈCE	ASED NAME	FIRST			DDLE	III TER 3	LAST	CATEO		DATE I	REG.		ITH DAY	YEAR 2b	HOU
(1	TYPE C	R PRINT)	San	NEL	H	man	Gru	nber	9		OF DEATH	ESII-	6	10 16	19 84 1:	36
3. SI		4. RA		DATE OF B	IRTH DAY	YEAR LAST BI	THDAY) MON	NDER 1 YR.	HOURS		C DATE	CED	MON	H DAY	YEAR 2d	HOU
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4		ORTOWN OF D		LIE NOT IN SI	ICH FACILIT	AL, NURSING HE Y, GIVE STREET ADDRES BURY CT.		HER INSTITU	TION	120. USUA FOR MC	AL OCCUP DST OF WORK ESMAN	ATION (TYPE OF WO	0	IND OF BUSIN R INDUSTRY MACEUT	
13a.	STA	RESIDENCE (IF IN ITE RYLAND	136 COUNT BALT	OTHER INSTITUTE	ON, GIVE RE		N	13d. INSIDE C	ITY LIMITS?	13e STREI 29 (ET ADDRES	SSURY	CT.	# 2	21117	
14	FATI	HER'S NAME GERALD		MIDDLE	GRUN	IBERĜ		15. MOTH	ER'S MAIDE	N NAME	MI	DDLE	5	SKLAF	ÖFF	
		S DECEASED EVI				66. SOCIAL SECT	3836	17. INFORM	MANT CORNEL	GERAI			RG S MI	115	MD 21	117
	ī	Canditions, if gave rise to cause (a) stati lying cause la	immediate ing the <u>under</u> st.	(b)_ DUE TO	O, OR AS	A CONSEQUEN	CE OF	SE OR CONDITIO	N GIVEN IN PAR	T 1 (a).						
CERTIFICATION		9a. DATE OF OPE	RATION	196 CC	ONDITION	N FOR WHICH C	PERATION V	VAS PERFOR	MED?					20	AUTOPSY?	
] E											6.4	3.5			YES A	D.C
		INDERLYING ONTRIBUTING	OR	HOUR	A.M. M	JURY ONTH DAY 1	'EAR	IOW INJURY	OCCURRE) (ENTER NA	ATURE OF INJ	URY IN ITEM	18 PART : OI	R PART 2)		
MEDICAL	2	NHILE D NO		STREE		NJURY (AT HON , FARM, ETC.)		OCATION STREET			CITY OR TOV	VN		COUNTY		STATE
		22a. 1 certify the death resulted fro		of the remain		cident .	Suicide	Home	PECIFY)		Inquiry		and in my			
X	E	XAMINER'S NAM	STRUL		Fel.	renbers	MO	ADDRESS_	II E.	chi	AL EXAM		302	ONED_	0116/84	
	(SPE	BURIAL		OCT.17	,1984	4 BETH	EL MEN	. PAR	K		ATION PTOWN DALLS		В	ALTO.)
24.	-	VERAL DIRECTOR	SO			& BROS.			250. DATE R	1 8 4	CRA	Fish RE	GISTRAR	SSIGNA	une andere	
	60	10 DETC	PEDCTON	N_DD	DAL	TO MD	21215		001	10	MO4_	1	- 1-00 [0			



20M 4/B2

STATE OF MARYLAND



FOR - STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7110 Belair Road

Baltimore Md

2b. HOUR

9:30P

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

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IF UNDER 24 HRS



THE RESERVE OF THE PROPERTY OF

- 1						OF MARYLAND		,	1 0
	1 -	FOR STATE		DEPARTI		ALTH AND MENTAL OF GI	IENE) Z	0	1 0
	1 05	REGISTRAR			LA		REG. NO		VI III III III
		CEASED NAME FIRST OR PRINT)		MIDDLE	16	4	20. DATE OF DEATH	MONTH DAY	Y YEAR 26 HOUR
	-	Margar	21	=	H	4ND		0 7	1984 7:06 UNDER 1 YEAR # UNDER 24
	3. SE		4. RACE		S. DATE OF	DAY YEAR	6. AGE (IN YEARS LAST BIRT	MO MO	INTHS DAYS HOURS
		Femule	wh		10	01 1899	85	YRS.	
4	7e. Bi	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIED	□ NEVER MARRIED □	9 BALTIMORE CITY O	COUNTYO	OF DEATH
1	10.0	Moryland		5.19.	WIDOWED	DIVORCED DIVORCED	Baltima		OCONTY
5		TY OR TOWN OF DEATH	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)		TYPE OF WORK FOR MOST OF Store Kee	WORKING LIFE)	12b. KIND OF BUSINES: INDUSTRY
-	USU	AL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)	6-12/01			
5		TATE 13b COU		13c. CITY OR TOW	VN	13d INSIDE CITY LIMITS?	13. STREET ADDRESS /		
		THER'S NAME	timare			15 MOTHER'S MAIDEN NAM	AE	MAF	ILID RD.
3/		Franklin	E.	DeVe	as	Maggie	MIDDLE		Kerchner
1		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT			CampfieldR
	·	res, no or unknown) (IF YES, GI	-	212-07-8	3004	Augsburg Luth	neran Home	3al time	ore, MD 212
		18. CAUSE OF DEATH (Enter of	inly ane cause pe	r line far (a), (b), ar	ad (c).1				APPROXIMATE INTERVA
		PART I. DEATH WAS CAUS		COLPIO	0010	nancer al	1051.		
			DUE TO, C	R AS A CONSEQU	ENCE OF				
		Conditions, if any, which	(b)_	Sepsis	2010				
		gave rise to immediate cause (a), stating the	DUE TO, C	R AS A CONSEOU	ENCE OF				
		underlying couse last	((c)_	Proum	onia				
	z	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT I	NOT RELATED TO THE TERM	INAL DISEASE OR CON)ITION GIVEN	N IN PART Ita
	CERTIFICATION	19a DATE OF OPERATION	IIII CONE	VITION FOR WALLOW	LOREBATION	WAS PERFORMED	20a AUTOPSY?	Tank HE VEC	WERE FINDINGS USED
2	FICA	176 DATE OF OPERATION	198 CONL	THON FOR WHICH	OPERATION	WAS PERFORMED		IN CERTIFY	ING CAUSES OF DEATH
Ă.	ERTI	21m. ACCIDENT WAS UNDERLYING {	21b, TIME (DE INTUIDY		21c HOW INJURY OCCURR	YES NO	YES	
		OR CONTRIBUTING CAUSE OF DE		.M. MONTH D	AY YEAR	ZIL HOW HAJORI OCCORR	CENTER NATURE OF INJUR	FIN HEM IS PAR	III ORPANI 2]
7	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 216 INJURY OCCURRED		OF INJURY	19	21f LOCATION			
	MEC			REET, FACTORY, OFFICE,	FARM ETC)	STREET	CITY OR TO	NN	COUNTY STA
		AT WORK			115		100 -		S. 11
		22a.1 certify that (I) (this hose				-0 5 , 19 8 4 d that in (my) (aur) apinion o			54 , that (1) (we
		sow the deceased alive above, (1) (we) (did) (did n	at) view the bad	y after death.			Jedin accorred an me ac	Te and naur d	
		226. SIGNATURE	. 0		L	ATTENDING _	MEDICAL STAF	F	224. DATE SIGNED
7		22d PHYSICIAN'S NAME LLYPE	Cluve	cers 1	7. D.	PHYSICIAN [DIRECTOR PHYSIC	IAN	10-7-8
				ncus.				RP	212
		SURIAL, CREMATION, REMOVA	236. DATE	1004	NAME OF CE	METERY OR CREMATORY	23d. LOCATION	Unne	ord Marylah
		BURIAL	UCT.IL	1984 B	el Air	Memorial Gar	dens beinir	патт	ord maryiar
	24 FI	UNERAL DIRECTOR LOTTING	Dandal	uneral	Jirect	Ors, INC . 250. DATE	E REC'D. BY REGISTRAR	ISI, REGISTRA	AR'S SIGNATURE
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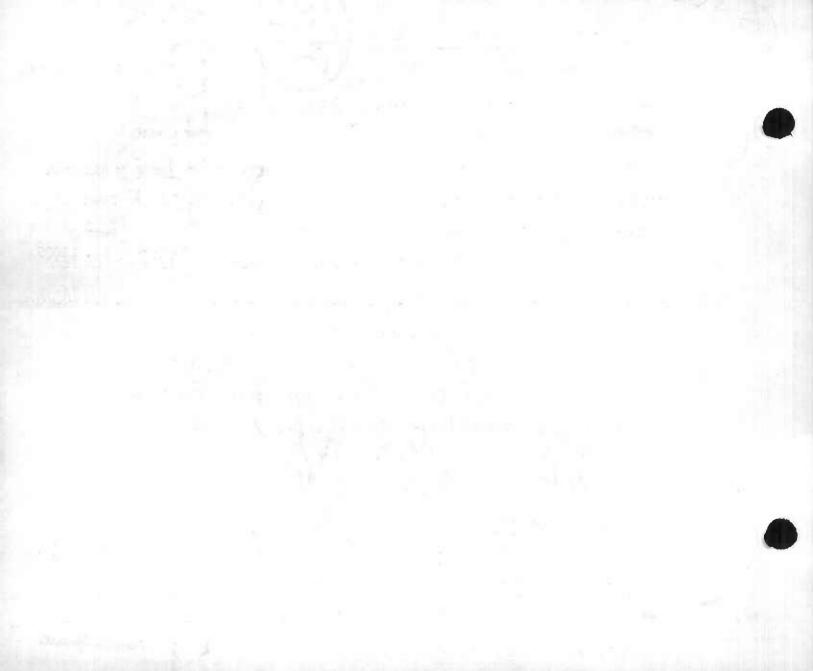
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Leonard J Ruck Inc. Baltimore, Marul

(VRA 15, 4)

STATE OF MARYLAND

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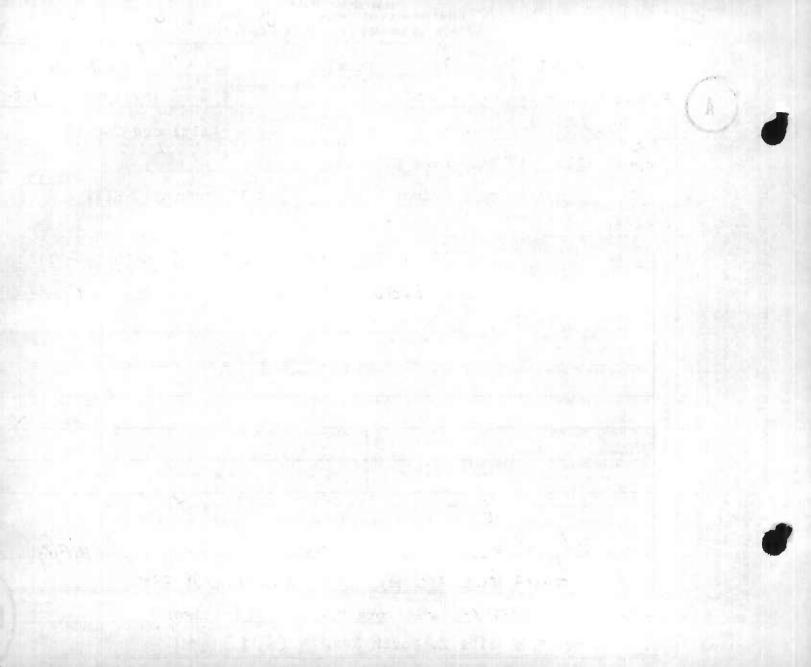
Act (2014) (2014) (2014) (2014) (2014) (2014) (2014) (2014)

Act (2014)

waind 10-10-94 Paris and Comment Salta, vd., and college Inc-9115 include About-21305

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20 DATE KNOWN I MONTH (TYPE OR PRINT) OF ESTI-L. Ethel Harris 4. RACE 6 AGE (IN YEARS | IF UNDER 1 YR. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR 2c. DATE PRONOUNCED to fin Black DEAD Female 92 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA WIDOWED X Baltimore County DIVORCED O CITY OR TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION STYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Owings Mills Enchanted Hill Rd. 21117 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Owings Mills YES NO IX 17 Enchanted Hill Rd. Baltimore MD 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Lula Gingles George Biggers 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Road (YES, NO, OR UNKNOWN) No 212-20-5220 Gordon Gingles 17 Enchanted Hills DIVISI CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY 4 acrs IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse fost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? 21a EXTERNAL CAUSE WAS 2Th TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 218 PLACE OF INJURY (AT HOME, 21f LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK CITY OR TOWN PAGE 4 SHOULD BE FORWARD
TO FUNERAL DIRECTOR: PAGE
AFTER DEATH, WITH THE STATE
BALTWORE, MARYLAND, 21201 22a. I certify that I took charge of the remains described above, held on death resulted from: Undetermined monner Notural causes TITLE (SPECIFY) EXAMINER'S NAME COUNTY STATE (SPECIFY) Burial 10/15/84 Baltimore Nat Cem Baltimore Md 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250: REGISTRAR'S SIGNATURE **DHMH - 17** Wm. C. March F/H 1101 E. North Ave. (VR A15 ME (5)

20M 4/82



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	=======================================
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 figures of

certificate has been signed by the attending physicion unin-transit permit. Then please remove carbandapers.

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HAGIENE CERTIFICATE OF DEATH

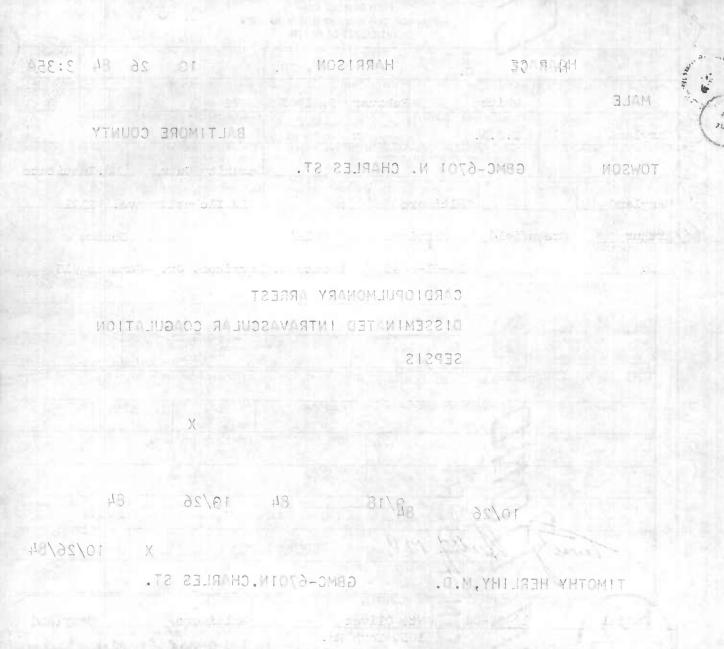
REGISTRAR		CERTIF	ICAIL OI DEATH	REG. NO.					
. DECEASED NAME FIRST	WIDDLE		AST	20 DATE OF DEATH M	ONTH DAY	YEAR	2b. HOUR		
(TYPE OR PRINT) HOR	C.		RRISON, SR.	10	26	184	3:35A _M		
	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTH		JNDER 1 YEAR	HOURS MIN.		
MALE	White		ary 9, 1905	79	YRS.				
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	ITRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR					
Maryland		WIDOWED DIVORCED BALTIMORE				COUNTY MD.			
O CITY OR TOWN OF DEATH	IF NOT IN SUCH FACILITY, GIVE		OR OTHER INSTITUTION	12a USUAL OCCUPATIO		126 KIND O	F BUSINESS OR		
TOWSON	GBMC-6701		RLES ST.	Security Gua	rd	Md.In	stitute		
SUAL RESIDENCE (IF NURSING 1991) COULT			13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 2	ZIP CODE				
Maryland	Balti	more	YES NO	312 Tlchest	er Ave	21	218		
4. FATHER'S NAME FIRST	MIDDLE LAS	ī	15. MOTHER'S MAIDEN NAM	MIDDLE MIDDLE		LAS	T		
Arthur Gree	nfield Ha	rrison	Mollie			Bonage			
MAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL E WAR OR DATES)	SECURITY NO.	17 INFORMANT	ADDRES	5				
NO		1-8449	Horace C.	Harrison. Jr	-Sar	me as	#13		
18 CAUSE OF DEATH (Enter on							MATE INTERVAL ONSET AND DEATH		
PART I. DEATH WAS CAUSE	D BY. CAR	DIOPHIM	MONARY ARRES	T					
IMMEDIAI	E CAUSE (o)								
	DUE TO, OR AS A CONS	EQUENCE OF	TED INTERNACE						
Conditions, if ony, which	Conditions, if ony, which ((b) DISSEMINATED INTRAVASCULAR COAGULAT								
gove rise to immediate	gove rise to immediate								
couse (o), stoting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF SEPS IS									
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0								
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	190 DATE OF OPERATION 196 CONDITION FOR WHIC			200 AUTOPSY?	20b. IF YES, V	VERE FINDIN	NGS USED		
5				YES NOX YES YES			OF DEATH?		
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21¢ HOW INJURY OCCURR				NO []		
OR CONTRACTOR CALLER OF OF	THOUSE A ME MONITH	H DAY YEAR	THE HOW INJURY OCCUR	ED (ENTER NATURE OF INJURY	IN HEM 18 PART	I ORPARI 2)			
(IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED		19							
21d. INJURY OCCURRED	216. PLACE OF INJURY	SELECT CARDA FIG.)	21f LOCATION	CITY OR TOW	N	COUNTY	STATE		
WHILE NOT WHILE AT WORK	TAT BOME STREET FACTORY, O	PFFICE, FARM, ETC.)				3.39			
22a.1 certify that (I) (this hospi	22a.1 certify that (I) (this hospital) attended the deceased from 9/18 , 19 84 , to 19/26								
saw the deceased alive on	sow the deceased plive on 10/26 19 84' and that in (my) (our) opinion death occurred an the date and have a								
	obove, (I) (we) (did) (did not) view the body the denth. 226 SIGNATURE DEGREE						SIGNED		
Timel	Tweet Klein M.			MEDICAL STAFF	STAFF X 10/26/84				
22d. PHYSICIAN'S NAME (10)	ol Material	PHYSICIAN	DIRECTOR PHYSICIA	IN LA	1 10/	20/04			
	ERLIHY, D.		GBMC-6701N	L. CHARLES	ST.				
		12. NAME OF C	EMETERY OR CREMATORY	123d. LOCATION					
230. BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE			CITY OR TOWN	c	OUNIY	STATE		
Burial	10-29-84	Mt. Oli		Baltimore			ryland		
24. FUNERAL DIRECTOR	ADD	1050 Yo	ork Rd. 250 DATE	REC'D. BY REGISTRAR 2	b. REGISTRA		URE		

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

DHMH - 16 50M 4/83 (VRA 15, 4)

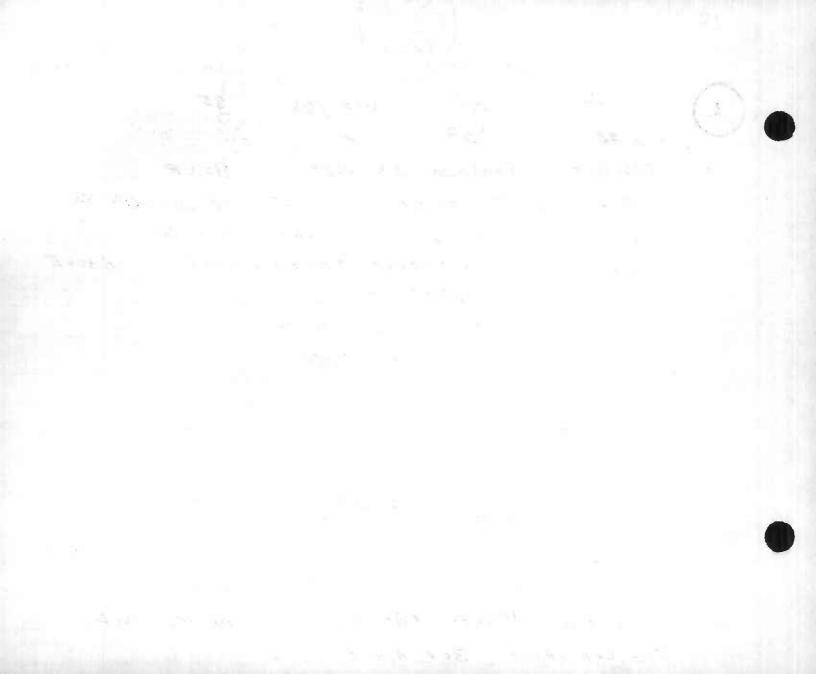
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should be detached for unwith the State Dept. of H IMPORTANT: If Item 21 is

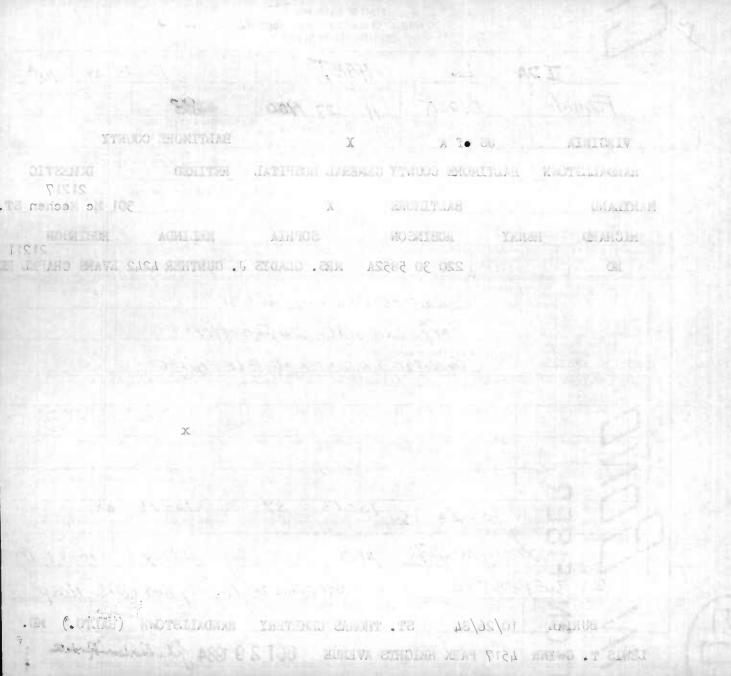


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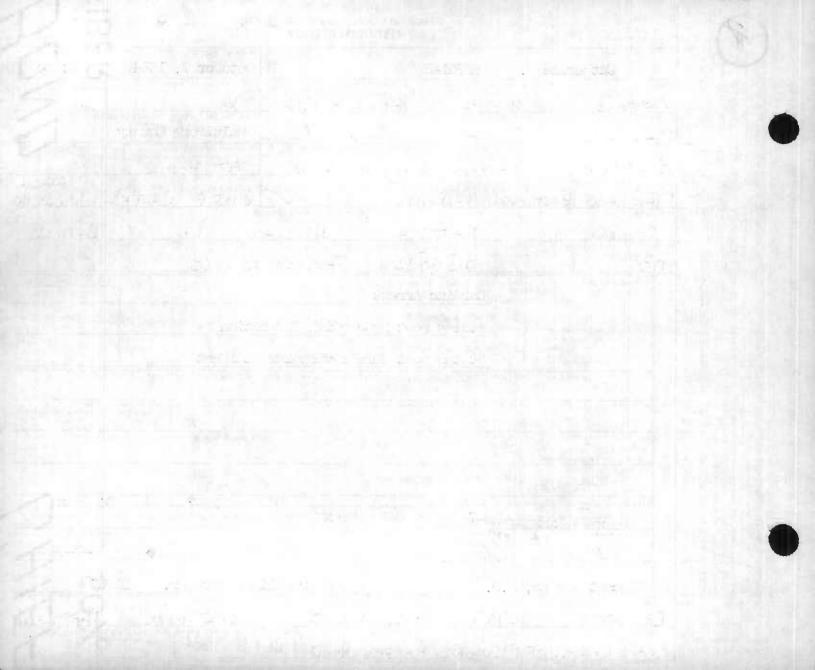
(VRA 15, 4)



(VRA 15, 4)



A	1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL WEST	GIENE, 2 6	. 1 8
R)	1.00	REGISTRAR	MIDDLE	LAST	REG. NO.	DAY YEAR 75 HOUR
		CEASED NAME FIRST Catherine		(ASI	October 7, 198	12.110011
0 0	3. SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
s afte	1-	EMALE	WHITE	APRIL 4, 1912	72 YRS	MONTHS DAYS HOURS MIN.
Poor		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUN	
n 72		ARYLAND	U.S.A.	WIDOWED DIVORCED	Baltimore Cou	inty MD.
filed with		OSEOALE	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION TADDRESS) A DARE HOSP	120. USUAL OCCUPATION 1TYPE OF WORK FOR MOST OF WORKING AT HOME	176 KIND OF BUSINESS OR INDUSTRY
9 4 //			OTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION)	13e.STREET ADDRESS / ZIP CO	ne 21234
Pino O	M	1	imore PARKVIL			THAM WOODS RO
Mi	14. F	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	MIDDLE	- LAST
0.50		CSORGE	KAUTSO			DANIELS
medica		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)		ADDRESS	
U.	1	10	213 20	3391 FAMILY	RECORDS	
novol.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	lly one couse per line far (a), (b), a	nd (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
5 0		IMMEDIAT	E CAUSE 10) Cardiac A	rrest		
troumatic			DUE TO, OR AS A CONSEQUE	JENCE OF St Myocardial Infa	ration	
er froum		Conditions, if ony, which gove rise to immediate			recton	
ather other		couse (a), stating the underlying cause last.	Status po	JENCE OF OST Cerebrovascular	Accident	
ry, or	-	PART 2 OTHER SIGNIFICANT O	107	DEATH BUT NOT RELATED TO THE TERM		GIVEN IN PART 110
or to	CERTIFICATION	196. DATE OF OPERATION	Tigh CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
ne prio	FIC	199. DATE OF OPERATION	170 CONDITION TOR WITE	TO ERATION WAS PERIORMED	IN CER	TIFYING CAUSES OF DEATH? YES NO N
18 S S S S S S S S S S S S S S S S S S S	ERT	210, ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM I	
Item 18		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR		
ced or Ite	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CIVI ON COURT	COUNTY STATE
marked	X	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC) STREET	CITY OR TOWN	COUNTY
			tol) ottended the deceosed from	9_2 19_84	, to107	, 19_ <u>84</u> , tha <u>K</u> h (we) last
21 is		sow the deceased alive on	view the body after death.	84 , and that in My) (our) opinion	death occurred on the date and h	our and from the causes stated
pept.		226. SIGNATURE	Model	DEGREE		22c DATE SIGNED
		Uncen	11/64an,1	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	10-7-84
should be deto with the Stote [IMPORTANT: If		226. PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e ADDRESS		
should be det with the Stote IMPORTANT:		Vincent Morgar	n, M.D.	9000 Frankl	in Square Dr.	21237
> 5	-	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY
n-propage		RSMATION	10 12 1984 G	REEN Mount	BALT, MORE	MARYLAND
DM 4/83	1	UNERAL DIRECTOR	- MADORESS	AREAGO ROAD OC	TE REC'D. BY REGISTRAR 256. REG	STRAR'S SIGNATURED IN
15, 4)	10	VANS (HAPS) O	FI ISMARISS H	AREARO ROAD UU	ן דיטנו	



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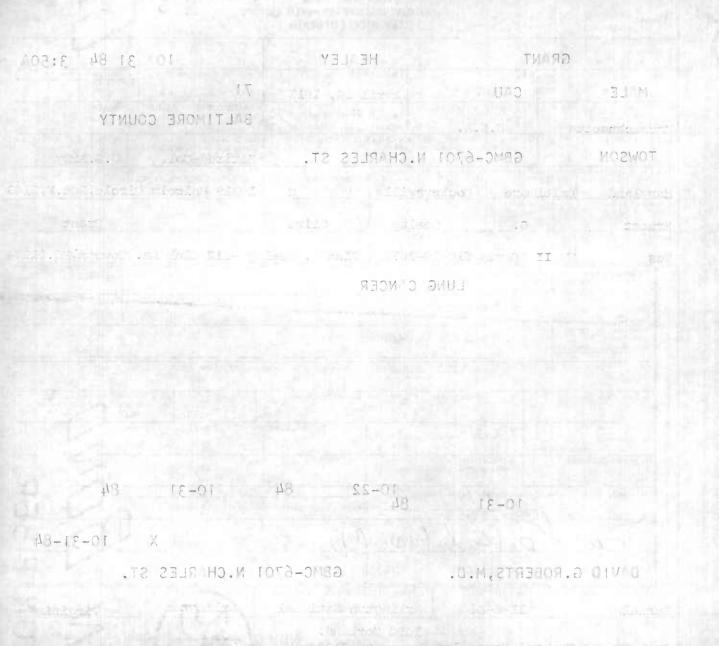
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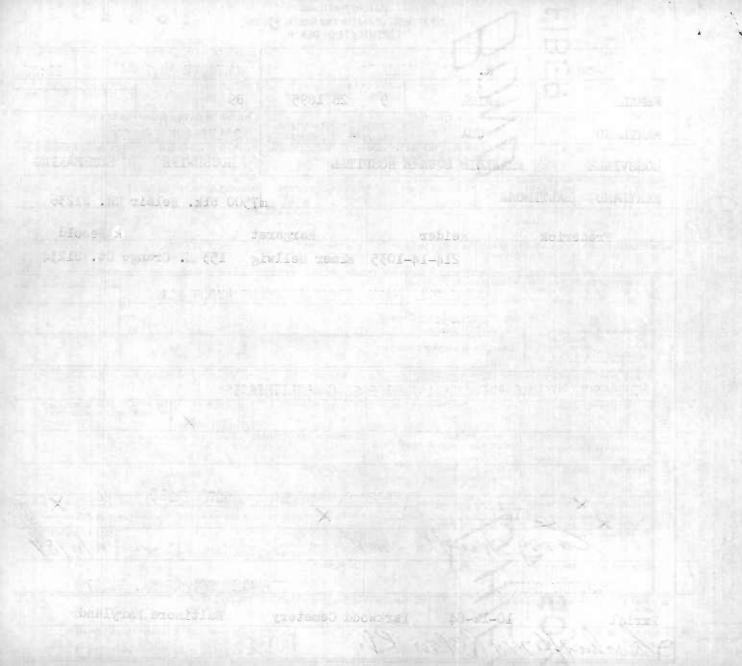
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KIN E. L. FR. A.









page 3

7	1-	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL BY GIEND STATE PEGISIPAR ET LZABETH A HENDERSON CERTIFICATE OF DEATH									
	L DEC	REGISTRAR ELIZAE		NDERSON		AST DE UF DEATH		REG. NO.	YEAR	2h HOUR	
		ELIZABET				ERSON		10-10	2-84	26 HOUR 4 45 M	
	3. SEX		4. RACE White		5. DATE O				UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
D	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) West Virginia			7b. CITIZEN OF WHAT COUNTRY? 8		MARRIED X NEVER MARRIED WIDOWED DIVORCED		BALTIMORE C	DUNTY MD.		
		OW SON		NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) STELLA MARLS HOSPICE			1	12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife Home			
6	Ma Ma	ryland Ba	me or other institution. OUNTY altimore	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Catonsv	N	13d. INSIDE CITY LIMIT YES NO K		13e.STREET ADDRESS / ZIP CODE 2010 Rollingwood	l Road	21228	
0		Stack	MIDDLE	Hoge 15. MOTHER'S MAIDEN NAM			MIDDLE	Jones			
/		VAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) NO	S. ARMED FORCES? ES, GIVE WAR OR DATES)	234-26-		Charles	He	nderson same as		MATE INTERVAL DNSET AND DEATH	
	z	IMMEDIATE CAUSE (a) Market Strain immore Primary DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PA							IN PART III		
1	CERTIFICATION	190, DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION			N WAS PERFORMED			VERE FINDIN NG CAUSES			
7						21c. HOW INJURY OC	CCURR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	I OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F		211. LOCATION STREET		CITY OR TOWN	COUNTY	STATE	
	H	22a certify that (1) (this hospital) attended the deceased from 10-5, 1984, to 10-12, 1984, that (1) (we) los saw the deceased alive on 19, and that in (my) (aur) opinion death occurred an the date and hour and from the causes stated above. (1) (we) (did) (did not) view the body ofter death.									
1		276. SIGNATURE	Fault	reins	>	DEGREE ATTENDIT PHYSICIA		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	SIGNED	
		DR. KENDALL FAULKNER				STELLA	n	naris Hospice	To	wson, Md	
		BURIAL, CREMATION, REMO	23b. DATE 10/16			emetery or cremate.		23d LOCATION CITY OR TOWN Marriottsville	COUNTY	Md.	

²⁴ FUNERAL DIRECTOR Ler**oy**: M. & Russell C. Witzken Funeral Homes, P 1630 Edmondson Avenue, Catonsville, Md. 21228 REGISTRARIAS REGISTRARIS SIGNATURA POR

DHMH - 16 50M 4/83 (VRA 15, 4)

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MPORTANT: If Hem 21 is marked or Item 18 shows any injury, ar other traumatic event, the medi



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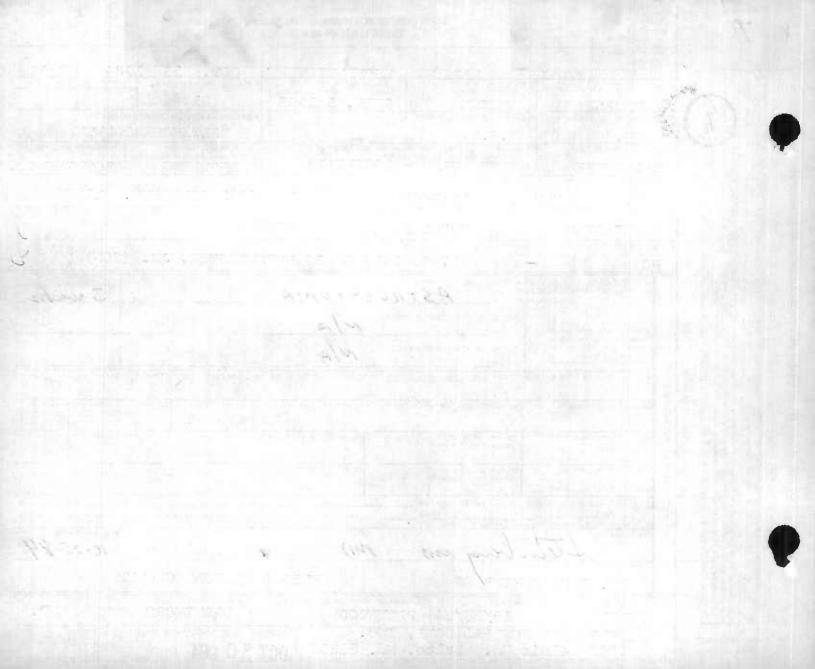
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STATE OF MARYLAND

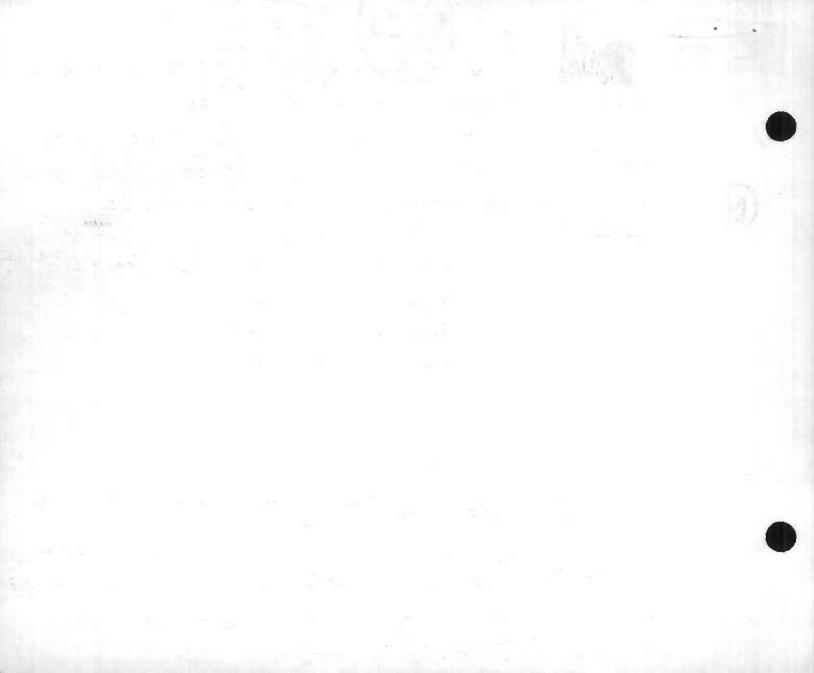
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

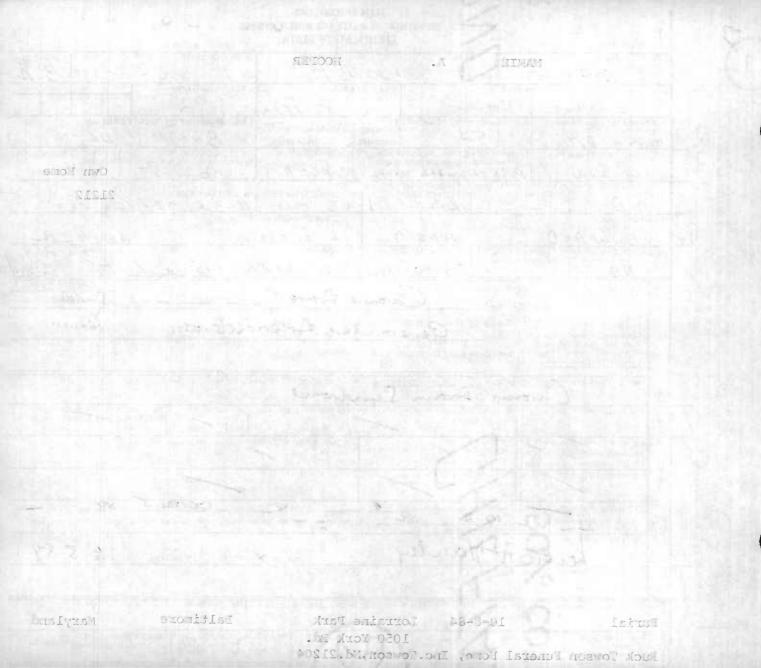
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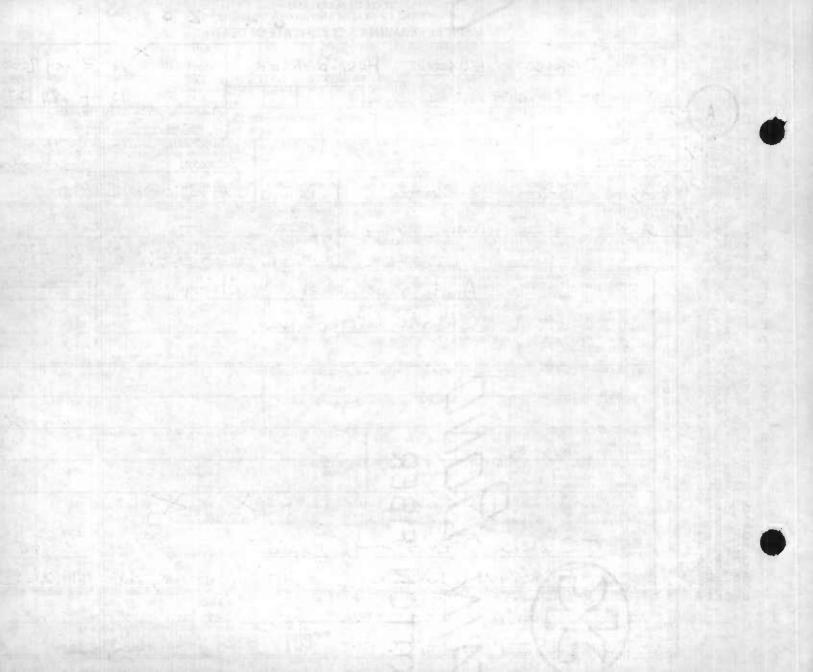


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1-	STATE						DEG N	0		
1. DE	CEASED NAME FIRST	He	MIDDLE	H	ORN		DATE KNOWN	-	10 10 84	7 30
3 SEX	M 1. RACE	DATE OF BIRTH MONTH DAY Feb. 1,	1 O1 O	AY) MONTH		R 24 HRS 2c.		MONTH	DAY YEAR	2d HOUR
70. B	REIGN COUNTRY)	b. CITIZEN OF WH	AT COUNTRY?			RIED U		_		7
10 C	TY OR TOWN OF DEATH					120. USUAL	OCCUPATION (TY	1	OR INDUSTR	Υ
	AL RESIDENCE (IF IN NURSING HOME OR. TATE 136, COUNTY		13c. CITY OR TOWN				ADDRESS OF THE	-	1221	W 4
14. F.	ATHER'S NAME FIRST	MIDDLE ,	LAŞT		15. MOTHER'S MAII	DENNAME	MIDDLE .	INE	LAST	
16a \	WAS DECEASED EVER IN U.S. ARMI	D FORCES?	16b. SOCIAL SECURIT	Y NO.	17. INFORMANT			5	A BOVE	
	18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	BY:	for (a), (b), and (cler	otie	and luga	erteus	rbe			
	Canditians, if any, which gove rise to immediate cause (a) stating the <u>underlying</u> cause lost.	DUE TO CIR	AS A CONSEQUENCE	OF	ascular	dist	ase			
NO	PART 2 OTHER SIGNIFICANT CONDITIONS CO	NTRIRUTING TO DEATH (OUT NOT RELATED TO THE TERM	AINAL DISEASI	OR CONDITION GIVEN IN	PART I (a)				
IIFICATI	196. DATE OF OPERATION	196. CONDIT	ION FOR WHICH OPE	RATION W	AS PERFORMED?				20. AUTOPSY?	NO
	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M	MONTH DAY YEA	21¢ HC	OW INJURY OCCUR	RED LENTER NATU	RE OF INJURY IN ITEM 18	PART 1 OR PAR	T 2)	
MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK					cn	Y OR TOWN	COU	NTY	STATE
	27a I certify that I toak charge death resulted from: Natural ACTUAL	51			Homicide TITLE (SPECIFY)			DATE	10/4/	84
	EXAMINER'S NAME (TYPE OR PRINT)	BREI	TENEC	KEK	ADDRESS	GB	nc	310.122		
73a.B	URIAL, CREMATION, REMOVAL 236		23t. NAME OF CE	METERY O	RCREMATORY	23d LOCA	ION		***	ATE .
	BURIAL UNERAL DIRECTOR	13/8	+ HOLLY	141	LL	Bi	9L70.	ME	240 000	
	1 - 1. DE (TYF) 3 SE) 70. B FC 10 C USU/130. S 14. F/	FOR 15/85 rja REGISTRAR T. DECEASED NAME (TYPE OR PRINT) 3. SEX 4. RACE 70. BIRTHPLACE (STATE OR FOREIGN COUNTY) 10. CITY OR TOWN OF DEATH ROSSVILLE USUAL RESIDENCE (# IN NURSING HOME OR ISON THE SIGNIFICANT CONDITIONS COUNTY) 14. FATHER'S NAME FIRST CANUSE OF DEATH (Enter and) PART 2 DIHER SIGNIFICANT CONDITIONS CO 190. DATE OF OPERATION 190. DATE OF OPERATION 190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE 210. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I Certify that I took charge death resulted from: Natural ACTUAL SIGNATURE EXAMINER'S NAME (YES NAME (TYPE OR PRINT)	TOR 15/85 rja REGISTRAR I. DECEASED NAME (IYPE OR PRINT) JOHN ARCE MEI TO. BIRTHPLACE (STATE OR FOREIGN COUNTY) TO. CITY OR TOWN OF DEATH USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, OR ITALE) II. FATHER'S NAME FIRST WAS DECEASED EVER IN U.S. ARMED FORCES? (YES. NO, OR UNKNOWN) II. FATHER'S NAME PART I DEATH (Enter anly ane cause per line PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a Canditions, if any, which gove rise to immediate cause (a) stating the under- lying cause lost. CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR AT WORK 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 10 DEATH WHILE NOT WHILE AT WORK 220. I certify that I took charge of the remains desident resulted from: Notural causes ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 730. BURIAL, CREMATION, REMOVAL 23b DATE 7	DEPARTMENT OF MEDICAL EXAMIN 1. DECEASED NAME (TYPE OR PRINT) 3. SEX 4. RACE 5. DATE OF BIRTH FED. 1, 1919 6. AGE (PLY) FED. 1, 1919 76. BIRTHPLACE (STATE OR FORCES) FOR SOCIAL FACILITY. GIVE SIGNAFINATION FOR WHICH OPER FIRST USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION). GIVE RESIDENCE BEFORE ADMISS 136. STATE 136. CWAS DECEASED EVER IN U.S. ARMED FORCES? (TES. NO. OR UNKNOWN) 187. CHAPTER STATE 188. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (B) 188. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (C) Conditions, if any, which gove rise to immediate cause (a) stating the underlying cause lost. 199. DATE OF OPERATION 199. DATE OF OPERATION 199. CONDITION FOR WHICH OPER THE WHILE AT WORK AT WORK 210. EXTERNAL CAUSE WAS 1190. DATE OF OPERATION 199. CONDITION FOR WHICH OPER THE WHILE AT WORK 210. Lertify that I took charge of the remains described above, held an death resulted from: NOTIFIED AND CAUSE OF DEATH 210. CETT ON THE TERM 1730. BURNULE AT WORK 210. Lertify that I took charge of the remains described obove, held an death resulted from: NOTIFIED AND CAUSE OF PRINTY 1730. BURNUL CREMATION, REMOVAL 1730. DATE TO THE TERM CAUSE (C) 210. EXTERNAL CRUSE WAS 21	DEPARTMENT OF HEALTH MEDICAL EXAMINER'S CO I. DECEASED NAME (TYPE OR PRINT) 3. SEX 4. RACE 5. DATE OF BIRTH MONTH DAY FED. 1, 1919 3. SEX 4. RACE 5. DATE OF BIRTH MONTH DAY FED. 1, 1919 5. CHIZEN OF WHAT COUNTRY? 8. MARRI WIDOW 10. CITY OR TOWN OF DEATH ROSSVILLE 11. NAME OF HOSPITAL, NURSING HOME, OR OTH ROSSVILLE 12. CHYO RESIDENCE (# IN NURSING HOME OR OTHER INSTITUTION, GIVE RESORDER, SETORE ADDRESSON) 130. STATE 131. COUNTY 132. CITY OR TOWN 133. STATE 14. FATHER'S NAME 154. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATE) 155. CHYO OR SETORE OR STORE ADDRESSON) 176. BIRTHPLACE 177. CONTRIBUTION 178. CHYO OR SETORE ADDRESSON) 179. STATE 179. DATE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY. 179. DATE OF OPERATION 179. CONTRIBUTING OR 179. DATE OF OPERATION 179. CONTRIBUTING OR 179. DATE OF OPERATION 179. CONTRIBUTING OR 179. CONTRIBUTING OR 179. CONTRIBUTING CAUSE OF DEATH 179. DATE OF OPERATION 179. CONTRIBUTING OR 179. 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DATE OF BRITH MONTH DATE MANUAL J. SEX J. BURTHELACE (STATION ROOT OF WALL COUNTRY) J. BURTHELACE (STATION ROOT OF WALL ROOT ROOT ROOT ROOT ROOT ROOT ROOT RO	DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAN MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. DECEASED NAME (TWE OF REMT) J. SEX 4. RACE 3. DATE OF BIRTH MODIT MO	DEPARTMENT OF HEALTH AND MENTIAL HYGIENE REGISTAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTAR MEDICAL EXAMINER'S CHARGE STATE OF DEATH REGISTAR MEDICAL EXAMINER'S PROPRIES REGISTAR MEDICAL EXAMINER'S PROPRIES REGISTAR REGISTAR MEDICAL EXAMINER'S PROPRIES REGISTAR MEDICAL EXAMINER'S MARKET REGISTAR REGISTAR MEDICAL EXAMINER'S PROPRIES REGISTAR REGISTAR REGISTAR MEDICAL EXAMINER'S PROPRIES REGISTAR R

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11			CEASED NAME	FIRST		WIDDLE			AST		20.	DATE KNO	OWN	HINOM	DAY YEAR	2b. HOUR
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	TOR TOR FILES PREET	3. SEX		4 RACE	5. DATE OF BIRTH		6. AGE (IN YE	RS IF UNI	DER 1 YR.	IF UNDER 2	4 HRS. 2c.	DATE	A	HTMON	DAY YEAR	2d HOUR
	Z2CE S	Ma	ıle	White	July 24,	1942	42 YR	Moisti	DAYS	HOURS	MIN. PR	DEAD	D	10	4 1084	1234
	36538		RTHPLACE (5)		7b. CITIZEN OF WI			1		L	9	BALTIMOR	E CITY OR	COUNTY		I M
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	25			OF DEATH	II. NAME OF HOS		IDSING HOME	WIDOW		DIVORCE					LLY b. KIND OF BU	MD.
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BALTIMORE, MD. 21201	るるがもあるし	Ma	ryland	Harfo	rd		ewood		YES X	NO 🗆	2205	Will	oughb;	y Bea	ach Roa	d
9	ST. 2, PM 3, VD 2	M. FA	THER'S NAME		MIDDLE		LAST		15 MOTHE	ER'S MAIDEN	NAME	MIDDL	F		LAST	
W.	DEATH GES 1, M PM AND	1	Charles	s Edwa		mbar	ger, Sr		E	dna				Tho	mpson	
No.	FER PAGE FORM ON A		VAS DECEASEI	EVER IN U.S. ARA	AED FORCES?		CIAL SECURITY		17 INFORA	THAM	D	ach Ro	DDRESS			01040
Ē	URS AFTER DE 8. GIVE PAGES WITH FORM IT. PAGESTAN DIVISION OF	1500	ES, NO, OR UNKNO	WN) (IF YES, GIVE V	WAR OR DATES	216	-38-438	0	Charle	ec F H	Jornha	ach ko	ad, 5	agewo	ood Md. Villoug	2,1040 hby
~	URS AF 18. GIVI WITH III. PAG	H-			y Dne couse per line			0 1	11011	C2 TI-11	OLIDO	rger	01.72	205 1	APPROXIMATE	
W. PRESTON ST.,	D WITHIN 24 HOURE PENCIL IN ITEM 18. C AMINER ALONG WI TRANSIT PERMIL ENTAL HYGIERE, DI OR REMOVAL.		PART I DE	ATH WAS CAUSED	BY:	101 (0) (0	7, and (c _j .)	ACAN	Lux	Luda	ACH	L831		444	BETWEEN ONSE	AND DEATH
ON	24 HO ITEM 1 ICONG PERMI GIENE, VAL.		Section.	IMMEDIAT		ASACO	NSEQUENCE	,c	2000	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
EST	WO AND WO		Condition	is, if any, which	00210,08	51	43EGOEINGE C	Dan	1.0.							
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3	UTED WITHI IN PENCIL I EXAMINER I'AL - TRANS O MENTAL I DN, OR REA		lying cau	stating the <u>under</u> - se last.	DUE TO, OR	AS A CON	NSEQUENCE ()F								
3, 20	SE ENTINE		74-1-1		(c)											
DIVISION OF VITAL RECORDS, 201	ULD BE EXECUTED V "PENDING" IN PEI FF MEDICAL EXAM ED AS A BURIAL-T HEALTH AND MEN REMATION, O	_	PART 2 OTHER SI	GNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH	BUT NOT REL	ATED TO THE TERM	NAL DISEASE	OR CONDITION	N GIVEN IN PART	f T (a),				D. 45	
8	MEDI MEDI AS A AS A	0	198 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED? 170 AUTOPSY?													
2		3	190 DATE OF	OPERATION	196 CONDI	TION FOR	WHICH OPER	ATION WA	AS PERFOR	MED?					20 AUTOPSY	
É	12 U U U U	F													YES 🗌	NO
4	< 0	CERTIFICATION		L CAUSE WAS	21b. TIME OF		DAY YEAR	21c HO	WINJURY	OCCURRED	(ENTER NAT	TURE OF INJURY	IN ITEM TO PAR	T 1 OR PART 2	21	-
N N	G THE W TO THE HOULD MORTO		CONTRIBUTION	OR CAUSE OF D	DEATH P.N		19									
ISIO	CERTIING DED T DEPA DEPA 1 PRICE	MEDICAL	21d INTURY C	CCURRED	21e PLACE	OF INJURY	(AT HOME,	21f LOC								
5		E	WHILE	NOT WHILE C	STREET, FAC	TORY, FARM, E	ETC.1	ST	REET		(CITY OR TOWN		COUNT	TY	STATE
	THIS WARE PAGE STATE		AT WORK	ATWORK							tu	-	7/			
	NA HON	1	22a I certii	y that I taak charge	e at the remains de	cribed ob	ove, held on	Autops	у Ц.	Inspection	X	Inquiry	5 ond	n my opini	on	
	A FERRITA		death result	ed from: Natur	al couses.	Accident	L., Sui	cide 🔲 .	Hamic	cide	Undetern	mined manne	er .		. 1	
	AW WE SER		ACTUAL	70	(3)	1			TITLE (S	PECIFY)					10/3	/
	소류당목문의 수		SIGNATURE.	7.0,00	taeun C	TOY	uvi	M,	o. De	Mary	MEDIC	AL EXAMINE	ER	DATE SIGNED.		54
	S PER S	/	EXAMINER'S	NAME TO B	SCC AA1	n.y.	· laire.	1		3112	1	01 A	D	01	MIS	
	A CO SO CO SO CO SO CO SO CO CO SO CO		TYPE OR PRI	AL) - C +	W12203	U De	NOVIAN		DDRESS_	2112 6	Juna	CUK A	~e., □	Mr.	1/10.2	1222
	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BRETIMORE, MARYLAND, 2	23 o B	URIAL, CREMA	ION, REMOVAL 2	B DATE	23c.	NAMÉ OF CEA	ETERY OF	CREMATO	ÖRY	23d LOCA	ATION		COUNTY	ST	ATE
	BP		Burial		t.6,1984	Cok	esbury	U.M.	Cemet	erv	Abi	ngdon	На	rfor	d Md.	
	DHMH - 17	24. FI	UNERAL DIREC		ADDRESS	-				25a. DATE RE	EC'D. BY RE	EGISTRAR	256 REGIST	RAR'S SIG	NATURE	
	(VR A15 ME (5))	Hox		McComas	III, Abi	ngdon	, Md.	21009	U		5 35 %	Julia	Davidso	n-Ran	della :	
	20M 4/82								3 2 4	., 1	~ 400F					



1	1-	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENT ABHYO CERTIFICATE OF DEATH	PRENE 2 6	4 3 5
Cont		CEASED NAME FIRST MAL	REARET E.	Houck	10001111	0 17 84 10 PM
0 + mg	3. SEX	Female	* White	5. DATE OF BIRTH MONTH DAY YEAR 0 0 0 1 4	6 AGE (IN YEARS LAST BIRTHD	MONTHS DAYS HOURS MIN.
death. Po	L	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED UNIDOWED DIVORCED	BA Itimo	
by the fulled with	K	An dallstown	BALTO . CO	ADDRESS) ADDRESS) ADDRESS) ADDRESS) ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	ORKING LIFE) 126 KIND OF BUSINESS OR INDUSTRY
filled in hould be	13a S	and CA	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY WOLL HAMPS	YES NO NO	13e.STREET ADDRESS / Z 4008 5	hiloh Ave.
ompletely and 2 si	V	TAMES A	E. CALho	un Einile	MINDLE ,	Wagoner
on ond co		VAS DECEASED EVER IN U.S. AR YES, NO OB UNKNOWN) (IF YES, GIV	RMED FORCES? 16b SOCIAL SECU VE WAR OR DATES) 181-01-4		ilton HAU	upstead, lud.
physicia an paperi emavol.		PART I. DEATH WAS CAUSE	nly one couse per line for (0), (b), one ED BY: TE CAUSE (0) CARD10	RESPIRATORY A	RREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the death ce I by the attending cose remove corb ol, cremotian, or r r ather troumatic		Conditions, if ony, which gove rise to immediate couse to, stating the underlying couse lost.	DUE TO OR AS A CONSEQUE	ESPIRATORY F		
Then pled to buriol	N O	PART 2 OTHER SIGNIFICANT (DEATH BUT NOT RELATED TO THE TERM		ION GIVEN IN PART TIO
te has been sit permit.	TIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
certificate rical-transit entol Hygin them 18 sha	CAL CERT	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH DA	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	NITEM 18 PART 1 OR PART 7)
ther this of the bund we hond Me	MEDIC	21d. INJURY OCCURRED WHITE NOT WHILE AT WORK	21#. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM ETC.) 211 LOCATION STREET	CTTY OR TOWN	COUNTY STATE
attenbli spitol or CTOR: A Ifor use of of Heolti n 21 is mo		sow the deceased alive on	ital) attended the deceased from 10/7 19 19 in the body attended to the decent	, and that in (my) (our) opinion	death occurred on the date	ond hour and from the couses stated
by the ho by the ho ERAL DIRE e detached State Dept		22b SIGNATURE	Suy mit		MEDICAL STAFF DIRECTOR PHYSICIAL	10/17/84
TO HOSPITAL etoined by the TO FUNERAL should be det with the Stote		22d PHYSICIAN'S NAME (TYPE O	EPESTRE	120 ADDRESS BALTIMO	ME COUNTY	GENERAL HOSP
	23a E	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION ITY OR TOWN	(COUNTY D STATE
BP DHMH - 16 50M 4/83	24 FI	BUNIAL DIRECTOR DO	Oct. 20, 1984 3	T. DAVIDS Cem	LE RECO BY REGISTRAR 75	REGISTRAR'S SIGNATURE
(\/PA 6 4\)	/	J-4 7- UV-	Maus	100 mm /1/1/ 1001	COLIMER SIN	ie Davidson Handell

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Ruck Towson Funeral Home, Inc, 1050 York Road

- STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL WYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

10:

IF UNDER 1 YEAR

COUNTY

Annuncio

same as #

COUNTY

whia Davidson- Gandall

REGISTRAR 256. REGISTRAR'S SIGNATURE

22c. DATE SIGNED

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Supply

The second secon shows any injury, or other troumatic event,

IMPORTANT: If Item 21 is marked at

STATE OF MARYLAND

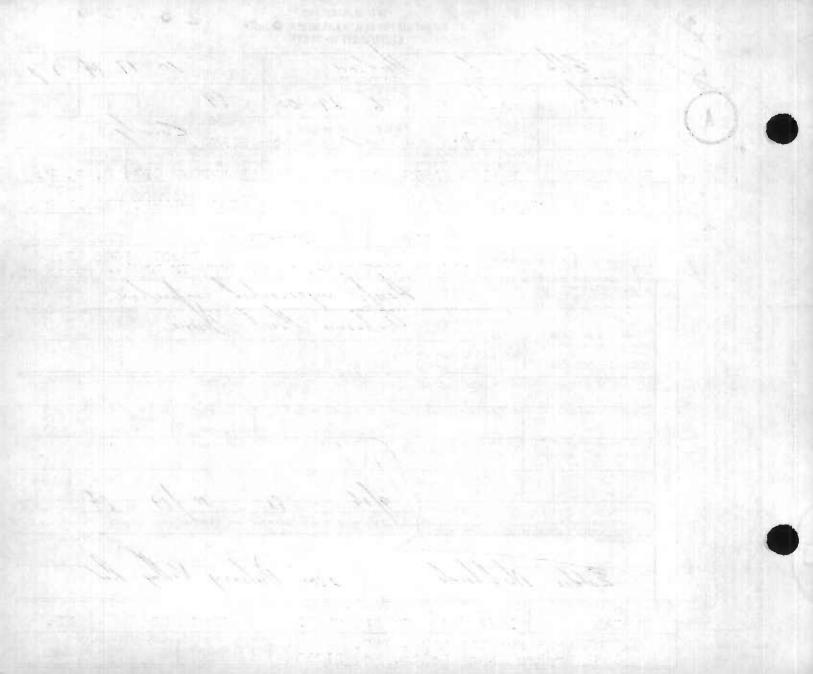
DEPARTMENT OF HEALTH AND MENTAL ANGIEND

	- STATE REGISTRAR	CERTIF	ICATE OF DEATH	REG. NO).				
7	DECEASED NAME OR PRINT) FIT.T. A	MIDDLE ALL	SON	10-17-84	O 17 PA	HOUR 3 30 M			
V	1. SEX FEMS/2 Whi	5. DATE (29 80	6 AGE (IN YEARS LAST BIRTH		FUNDER 24 HRS HOURS MIN.			
6	COLUMNIA	S.A. 8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	BALTO.	COUNTY OF DEATH	MD.			
	BALTIMORE ST	N SUCH FACILITY, GIVE STREET ADDRESS) ELLA MARIS HO	A MARIS HOSPICE TELEPHONE OPR						
5	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF THE PROPERTY OF T	TION, GIVE RESIDENCE BEFORE ADMISSION) 13(. CITY OR TOWN TOWSON	YES NO 📉	13e.STREET ADDRESS / 2300 DUL	Ell CODE	204 Y RD.			
0	14 FATHER'S NAME FIRST MICHAEL	CURRAN	15. MOTHER'S MAIDEN NAME FIRST CATHET	RINE	CAMPB				
1	160 WAS DECEASED EVER IN U.S. ARMED FORCI 1785, NO OR UNKNOWN) 18 YES, GIVE WAR OR DAT NO		CHAS. KRA	TOO rz (son-in	07 RIGGS RI -LAW) ADELP	HTA MD			
9	Conditions, if ony, which gove rise to immediate couse IoI, stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITION 19a. DATE OF OPERATION 19b. CO	206. IF YES, WERE FINDING IN CERTIFYING CAUSES O							
2	OR CONTRIBUTING CAUSE OF DEATH HOUSE	ME OF INJURY R. A.M. MONTH DAY FAR P.M.	21¢ HOW INJURY OCCURR	YES NO	YES	мо 🗌			
1	21d. INJURY OCCURRED WHILE AND IN HIRE AN	ody ofter death.	211. LOCATION STREET 19	MEDICAL STAF	te and hour and from the co				
	230. BURIAL, CREMATION, REMOVAL 23b. DAT BURIAL 10	/20/84 NEW C	EMETERY OF CREMATORY ATHEDRAL 1250 DATE	23d LOCATION CITY OF TOWN BALTIMO	DRE COUNTY	MD STATE			

BP. DHMH - 16 50M 4/B3 (VRA 15, 4)

3331 Brehms Lane Balto. Md.

21213 OCT 1 9 1984



4	1-	FOR STATE				AENT OF	HEALTH	ARYLAND AND MENTAL ERTIFICATE		TLI	4, 3	7	
REASE WEEDOR WEINS WHOUPS NSTREET,	I. DE		RAKC		MIDDLE GUS YEAR 21	6. AGE (IN YE. LAST BIRTHD/ 62 YE	U E	THER DER I YR. IIF UNDE	R 24 HRS.	20. DATE KNOW OF ESTI- DEATH MATE 21. DATE PRONOUNCED DEAD		DAY YEAR 18 1984 DAY YEAR 7 - 184	26 HOUR 123 CM 24 HOUR
, Day of the control		RTHPLACE (STATE	OR	76 CITIZEN OF WI	A COUN	RY?	8. MARRI		CED 🗆		IMORE C	COUNTY	MD.
ELAY IS TO THE PACE OF THE PACE	ROSSVILLE			FRANKLIN SQUARE HOSPITAL CARPENTER BA							OR INDUST BALTO.	RY	
D. 21201 IF ANY DEA 2. AND 3 TO 3. RETAIN IN SHOULD BILL RECORDS	13a S		136 COUNT BALTI	OTHER INSTITUTION, GI Y LMORE		OR TOWN	ON)	13d INSIDE CITY LIMITS? YES NO A			erton Av	ve. 2123	6
RE, M EATH. SES 1, A PM A PM A PM		ATHER'S NAME FIRST Hugo			Hueth			IS. MOTHER'S MAIDEN NAME FIRST MODILE MODILE			Prues		
TON ST., BALTIMORE. 24 HOURS AFTER DEATITION 18. GIVE PAGES LONG WITH FORM P. PRERMIT. PAGES 1 AN PRERMIT. PAGES 1 AN VAL.		VAS DECEASED EN ES, NO, OR UNKNOWN NO				-14-82		Jerome	Hueth		Fuller	212 rton Ave	-
LI RECORDS, 201 W. PRESTON ST. ULD BE EXECUTED WITHIN 24 HOL "PENDING" IN PENCIL IN TEM 18 EF MEDICAL EXAMINER ALONG 18 EFD AS A BURIAL TRANSIT PERMIT HEATH AND MENTAL HYGIENE, AL, CREMATION, OR REMOVAL.	NO	gove rise cause (a) sta lying cause l		(c)M	ULTI	SEQUENCE OF PLEASE	21	HEMO STRIC OR CONDITION GIVEN IN	RER	CARDI FIFE E LOSIUN	PUE!		
ALR OULD D. PI SED SF HE SIAL,	CERTIFICATION	19a. DATE OF OP	ITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTORSY? YES NO										
		210. EXTERNAL C UNDERLYING CONTRIBUTING	OR CAUSE OF D	EATH P.M	. MONTH	DAY YEAR		OW INJURY OCCURI	RED (ENTER)	NATURE OF INJURY IN IT	TEM 18 PART 1 OR PA	ART 2)	
AAA AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	MEDICAL	WHILE AT WORK	OT WHILE T	21e PLACE (OF INJURY FORY, FARM, ET			CATION TREET		CITY OR TOWN	co	DUNTY	STATE
CAL EXAMINE THE CERTIFICA SHOULD BE FO SHOULD BE FO ATH, WITH THE RE, MARYLANI		death resulted	Yhul	of the remark des	Accident	, Su	Autap:	Hamicide TITLE (SPECIFY)		Inquiry , ermined manner	and in my ap	. /	184
TO MEDIC EXECUTE PAGE 4 S TO FUNE AFTER DE	23a.B	(TYPE OR PRINT) URIAL, CREMATIO	N, REMOVAL 23	LYG.		AME OF CE		ADDRESS	123d. LC	CATION DO 1	LLE	402	030
BP	{:	Buri UNERAL DIRECTO	al I	0-22-84	G			Faith Cem.		REGISTRAR 256		Marylar SIGNATURE	id' ^e
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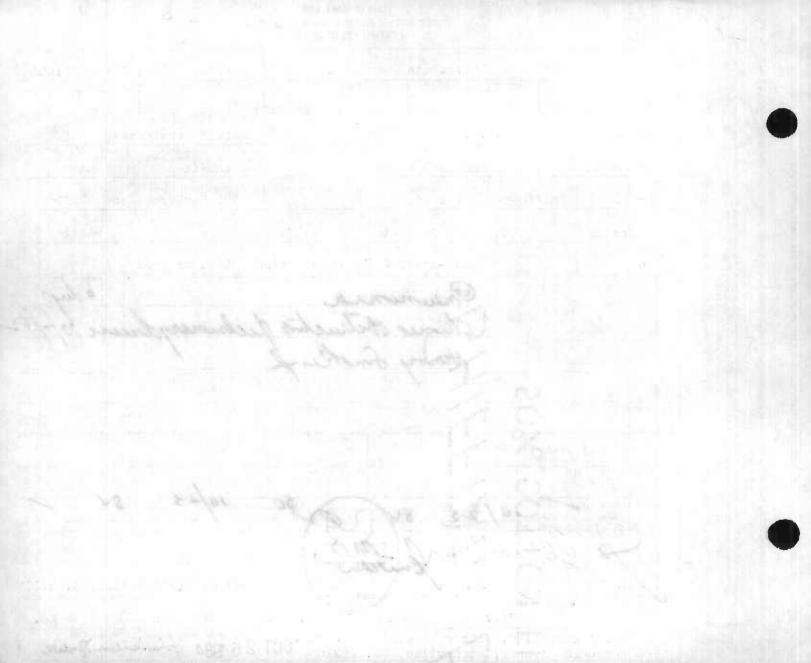
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1630 Edmondson Avenue, Catonsville, Md. 21228

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BY GIENE

- STATE

(VRA 15, 4)



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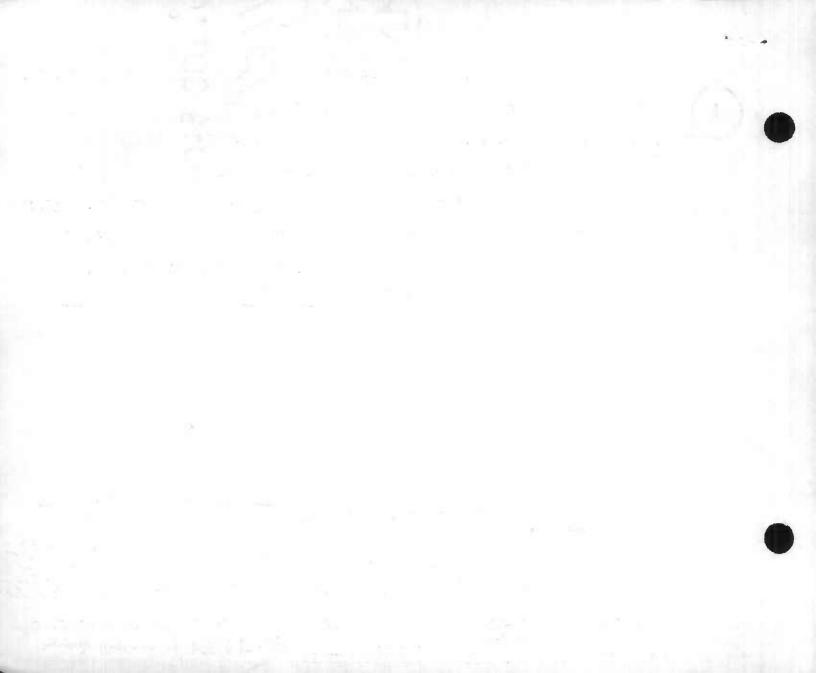
6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215

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FOR - STATE

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHYGIENE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTACHYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH MONTH FIRST IF UNDER TYEAR 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore 17h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET 13e.STREET ADDRESS / ZIP CODE Moses Ernest James 2809 Woodland Avenue DUE TO, OR AS A CONSEQUENCE OF URINARY TRACT INFECTION PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE

22c. DATE SIGNED

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83 (VRA 15, 4)

Wm. C. March F/H 1101 E. North Ave.



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTACHYGIENE

2	6	die	4	E.
Girms				

	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.					
		CEASED NAME OR PRINT) KARI	FIRST EN M	. JARAİ	MILLO		LAST	Oct. 27,		DAY YEAR	26. HOUR			
1	3. SEX	ale		White	white Oct. 22%, 1964 20						R IF UNDER 24 HRS			
)	(RTHPLACE (STATE OR FO	DREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED X							
/	Tii	TY OR TOWN OF DEAT		11. NAME OF I	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Student 17b. KIND OF BUSINESS C INDUSTRY TSU									
0	13a S Ma	THER'S NAME	Balt	MIDDLE	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Timoniu	N	13d. INSIDE CITY LIMITS? YES NO NO NO NO NOTHER'S MADEN NAMED NAM	MIDDLE	ngtor	Road	21093 AST			
		VAS DECEASED EVER II		MED FORCES? E WAR OR DATES)	16b SOCIAL SECU	RITY NO.	17. INFORMANT Parents	ADDR	SS					
		18 CAUSE OF DEATH (Enter only one couse per line for o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RESPIRATORY APPROXIMATE INTERV. BETWEEN ONSET AND DI THE TO OR AS A CONSEQUENCE OF												
7	N	Conditions, if ony, gove rise to imm- couse (a), stating underlying couse	(_{Ic)}	R AS A CONSEQUE	NOT RELATED TO THE TERM	Neurren		VEN IN PART 1	monly s					
X	CERTIFICATION	19a DATE OF OPERATI	ION	196 COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	PINGS USED ES OF DEATH?					
1		21a. ACCIDENT WAS UNDE OR CONTRIBUTING CO	VAS UNDERLYING TO TIME OF INJURY G CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PAR											
	MEDICAL	21d. INJURY OCCURRI	LE 🗍	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE			
		220.1 certify that (I) (saw the decease above, (I) (we) (di	d alive on.		19	, o	nd that in (my) (our) opinion o	, to death occurred on the d			, that (1) (we) lost e couses stated			
		226. SIGNATURE	DEGREE ATTENDING						FF CIAN []		E SIGNED - 29-84			
		LEWIS C STRAUSS DNCOL 3-120, 600 N WOL								WOLFE	ST.			
	<i>bu</i> 24. FU	SURIAL, CREMATION, F SPECIFY) UPIAL UNERAL DIRECTOR NAME		23b. DATE 10/31/	84 Du	<i>lane</i> y	Valley Mem.	23d. LOCATION CITY OR TOWN Gardens E REC'D. BY REGISTRAR			tv. MD.			
	Ex	rans Chane	of of	Chima	2325	York	Road MM	A B WALL						

2325 York Road

DHMH - 16 50M 4/B3 (VRA 15, 4)

Evans Chapel of Chimes

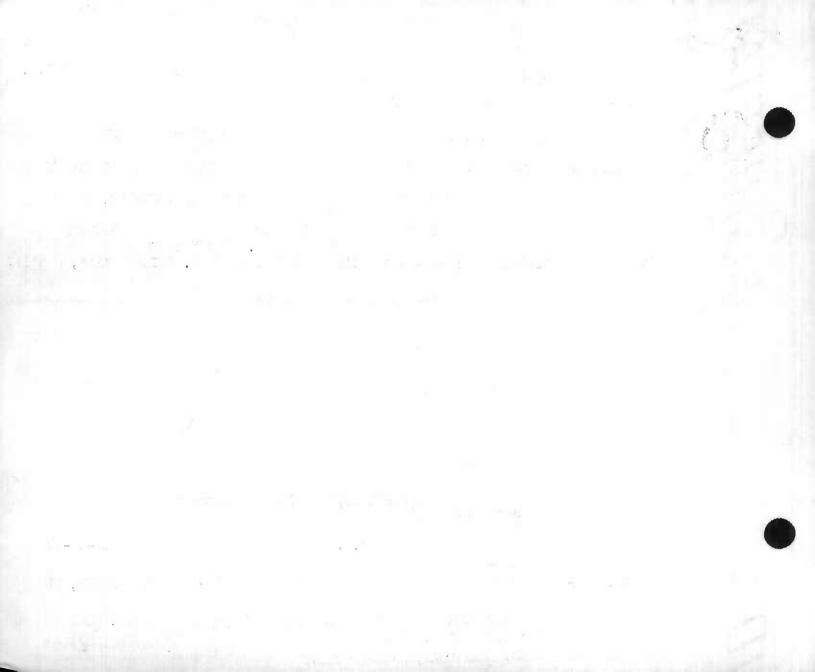
TO FUNERAL DIRECTOR:

MPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical e

should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.



The many that the state of the A STATE OF THE STA 23.15



DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWNXX (TYPE OR PRINT) ESTI-Charles S. Jordon DEATH MATED 10-20 1984 ECTOR R FILES HOURS STREET, 4. RACE 2:12 a. M 5. DATE OF BIRTH 6. AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 3. SEX DATE LAST BIRTHDAY) PRONOUNCED DEAD Male Black 10-20 1984 10 1948 b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF MARRIED T NEVER MARRIED FOREIGN COUNTRY Maryland WIDOWED DIVORCED Baltimore County, 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION | TYPE OF WORK | 12b KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRYS CIF Randallstown 3761 Brice Run Road Carpenter Employed USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 3761 Brice Run Road 13b. COUNTY Maryland Randallstown NO X Randallstown. Maryland 21133 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Charles Edward Jordon Christine Morgan 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT 3761 Brice Run Road T. PAGES I IYES, NO. OR UNKNOWN) LIF YES GIVE WAR OR DATES! 217-52-8495 Linda E. Jordon Randallstown. Md. 21133 No. - TRANSIT PERMIT. F ENTAL HYGIENE, DIN OR REMOVAL. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY Gunshot Wounds of Head (unspecified) IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) **IFICATION** E 3 SHOULD BE USED A DEPARTMENT OF HEA DI PRIÔR TO BURIAL, C 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XXOR HOUR A.M. MONTH DAY P.M. 10-20 19 84 CONTRIBUTING CAUSE OF DEATH subject was shot 21e PLACE OF INJURY (AT HOME. 211. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) NOT WHILE XX PAGE 3761 Brice Run Rd. Randallstown Balto. Co. Md. AT WORK Home Autopsy XX MARYLAND 220 I certify that I look charge of the remains describe and in my apinian TO MEDICAL EXAMINER:
EXECUTE THE CERTIFICAT
BAGE 4 SHOULD BE FOR
TO FUNERAL DIRECTOR:
AFTER DEATH, WITH THE
BALTIMORE, MARYLAND Inspection death resulture from Natural causes Undetermined manner 10-20-84 Assistant DATE MEDICAL EXAMINER EXAMINER'S NAME Dennis F. Smyth, M.D 111 Penn St., Balto., Md. 21201 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23r NAME OF CEMETERY OR CREMATORY 23d. LOCATION Baltaingre Alaborand

250 DATERECTORY ASSOCIATIONE

STATE

Baltaingre Alaborand (SPECIFY) 10/26/1984 Arbutus Memorial Park Entombment BP 24 Nutter & Sons 2501 Gwynns Falls Parkway **DHMH - 17** Funeral Home Inc. Baltimore, Maryland 21216 (VR A15 ME (5)

20M 4/82

Male | Black | 12 10 1948 35 - A. A. X. U. Bondyand grand con or T-12-225 Indo . Jordon Handellston, iv. 2133

Entertaions 15/26/1980 Arrestus Semor al , orbi

Nuctor w Jons 2501 Gayman Balls Parties Personal lose inc. Baltimon. Man land 216

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Carportes Emileved

x Randelleton, Maryland 21133

DEPARTMENT OF HEALTH AND MENTAL HYGIEN STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN LIVEE OR PRINTS Mary Mildred Jackins Joyce DEATH MATED SEX 4 RACE 6 AGE (IN YEARS | IF UNDER 1 YR. IF LINDER 24 HRS 20. DATE LAST BIRTHDAY female white Feb.16.1897 87 DEAD (Th. CITIZEN OF WHAT COUNTRY? IN BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEA FOREIGN COUNTRY! MARRIED NEVER MARRIED USA Baltimore County MD DIVORCED X WIDOWED O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Greater Baltimore Medical Center OR INDUSTRY Towson (Ret.) Secretary USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 134 INSIDE CITY LIMITS? 136 STREET ADDRESS 13c. CITY OR TOWN Balto. Towson NO [X 7911 Sherwood Ave. 21204 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Jackins MIDDLE Charles Helen Upp 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO ADDRESS (YES, NO OR UNKNOWN) Deborah J. Rollins, 7911 Sherwood Ave. No 217-26-3579 A 18 CAUSE OF DEATH (Enter only one cause per line or (a), (b), and PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES 71g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING LOR CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY (AT HOME. II LOCATION STREET FACTORY FARM FTC I WHILE AT WORK CITY OR TOWN 27a I certily that I taak charge of the remains described above, held on Inspection Autopsy Inquiry EXECUTE THE CERTIFIC PAGE 4 SHOULD BE R TO FUNERAL DIRECTO AFTER DEATH, WITH THE BALTIMORE, MARYLAN death resulted frame Natural causes Hamicide L Undetermined manner TITLEVSPECIFYN EXAMINER'S NAME Dr. Charles F. O'Donnell 7501 York Road 23d. LOCATION Baltimore Md. Oct. 5. 1984 Loudon Park Cem. BP 250. DATE REC'D. BY REGISTRAR 250 REGISTRAP SSIGNATOR **DHMH - 17** Mitchell-Wiedefeld Home 6500 York Rd. Bal. Md. (VR A15 ME (51) 20M 4/B2

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHYGIENE

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